STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice for 1 of 5 residents (R4) reviewed for change of condition. R4 had experienced a change in condition with an elevated blood pressure (BP) and severe headache. The facility failed to perform a thorough assessment and notify physician. R4 continued to show signs of a change in condition over the next two days with signs of restlessness and change in usual routine. R4 was sent to emergency room (ER) two days after onset of headache and elevated BP and was diagnosed with a left occipital lobe subacute infarct (stroke in the posterior (back) left part of the brain that occurred days or weeks ago, not acutely (within hours). This type of stroke primarily affects vision, leading to a loss of the right-side visual field in both eyes. Symptoms can also include visual hallucinations, memory problems, or confusion and require immediate medical attention). Evidenced by:The facility's policy entitled Notification About Change of Condition, dated 7/2025, states, in part: . PURPOSE: A change of condition is a clinically important change from the resident's baseline in physical, cognitive, behavioral or functional domains. Without intervention these changes may result in complications or death. Examples include significant vital sign changes, new symptoms, possible infection and other care issues.POLICY: The attending physician/APP (Advanced Practice Provider) and activated HCPOA (Healthcare Power of Attorney) will be notified in a timely manner of a resident change of condition.PROCEDURE:1. All staff should report change of condition 2. Assess the resident:a. Reference: INTERACT SBAR COMMUNICATION FORMb. Assess overall condition, level of consciousness, and functionc. Take vital signs.g. Is the resident having pain? Determine description, location, severity, pattern i. Evaluate relevant systems: mental status, functional status, behavior, respiratory, cardiovascular, abdominal/GI (gastro-intestinal)/ urine, skin, neurologic, painj. Complete a head-to-toe physical assessment. 5. Notify appropriate contacts.b. The licensed nurse notifies the attending/APP.POA (Power of Attorney) .g. When calling physician/APP explain the degree of urgency of the situation and the anticipated timespan for return response.h. Determine with the physician/APP if the resident needs to be transported to the ER/hospital. or if they can be treated at the facility.i. If treatment and monitoring at the facility is planned determine appropriate interventions, monitoring and timeline of follow up with the physician/APP.8. Monitoring a. A nurse should evaluate the resident with a change of condition every shift for at least 3 days and document the resident's overall condition, the status of the change of condition. Interact' s Care Path for change in condition states, in part: . Change in Condition: When to report to the MD (medical doctor)/NP (nurse practitioner)/PA (physician assistant) Immediate Notification: Any symptom, sign or apparent discomfort that is:*Acute or Sudden in onset, and: *A marked change (i.e. more severe) in relation to usual symptoms and signs. Headache- Immediate: Abrupt onset of progression of severe headache with fever, change in mental status or focal neurological abnormalities(Note: the nurse did not do a thorough assessment or a neurological assessment to know if there was a change) . Pain: Immediate: New severe pain. Interact Stop and Watch Early Warning Tool states, in part: . If you have identified a change while caring for or observing a resident. please circle the change and notify the nurse.S Seems different than usual; symptoms of new illnessT Talks or communicates [NAME] (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 - Actual harm Residents Affected - Few	Overall needs more helpP Pain- new or worsening.A Ate lessN.D.W.A Agitated or nervous more than usualT Tired. Weak, confused, or drowsyC.H. R4 admitted to the facility on [DATE] and has diagnoses that include encephalopathy (a general condition where the brain's function is impaired), cerebral infarction (occurs when blood flow to the brain is interrupted, leading to cell death and brain damage), and essential hypertension (chronic condition of persistently high blood pressure with no identifiable cause). R4's Quarterly Minimum Data Set (MDS) assessment dated [DATE] shows R4 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R4 is cognitively intact. R4's Care Plan, dated 5/07/2025, states, in part: . Problem: I have hypertension. 5/07/2025Approach: Interventions: Monitor my vital signs. Monitor me for headaches.Goal: I will have no exacerbations 5/07/2025. R4's Nurses Note, dated 8/24/25, at 8:45PM, states: resident complained of having a bad headache behind his eyes requested Tylenol which was given. His caretaker, PC P (Personal Caregiver) was here and requested a blood pressure be taken 146/105. Caregiver told him he should go to the emergency department to be checked out, but he refused. Writer called son to inform him, he asked that we call him back if it gets worse or we need him to talk to resident. I went back in an hour to recheck BP pt (patient) refused to allow me to take it he said his headache is gone he is fine. Phone call placed to NP (Nurse Practitioner) to inform. BP 146/105. (of note: this was a Sunday)On 9/3/25 at 10:59 AM, Surveyor interviewed PC M (Personal Caregiver) who indicated that Sunday 8/24/25 when he had come in that morning R4 was still in bed which was unusual for R4, and he was informed that R4 only ate half his breakfast that morning. PC M indicated R4 had called him at 3:45 that morning and informed him he wanted water. PC M indicated after speaking with the facility he had found R4 was not eating and only wanted water which was unusual. On 9/3/2025 at 2:00 PM, Surveyor interviewed LPN J (Licensed Practical Nurse) who indicated on Sunday 8/24/25 R4 had complained of a bad headache to PC P, who had come to LPN J and informed her. PC P requested LPN J check R4's BP. LPN J indicated it was high but could not recall offhand what it was at this time. PC P informed LPN J R4 should be sent out to ER but R4 refused. LPN J indicated she checked R4's BP and administered Tylenol for headache and did not perform any further assessment besides the BP. LPN J indicated she attempted to recheck R4's BP an hour later but R4 refused. Surveyor asked if LPN J notified the physician regarding an onset of severe headache and an elevated BP. LPN J indicated she had left a message on the NP (Nurse Practitioner) call line as R4's NP was currently on vacation. LPN J indicated she did not speak with a physician or NP; she never received a call back. On 9/3/25 at 4:24 PM, Surveyor interviewed MT G (Medication Tech) who indicated she had worked with R4 on Sunday 8/24/25. MT G indicated R4 did not want to get up out of bed that morning which was very unusual for R4 as usually R4 will be on his call light right at 6:00 AM wanting to get up every morning. MT G indicated that was a big change for R4 and the nurse was informed. MT G indicated she had gone in R4's room several times to see if he wanted to get up out of bed but R4 kept indicating no but was adamant about getting water to drink every time MT G entered room. MT G indicated when R4's caregiver came in that morning MT G went in R4's room with the caregiver and asked if R4 was ready to get up. R4 had indicated he has been wanting to get up all morning but that is not what R4 had been telling MT G. MT G indicated that was a change for R4 and she had notified the nurse. On 9/4/25 at 8:56 AM, Surveyor interviewed PC P who indicated when she came into the facility on Sunday 8/24/25 in the evening R4 complained of a pounding headache; R4 could not hold his eyes open due to the severe pain in his head. PC P indicated R4 was not acting his usual; he was different. PC P indicated she had reported that to the nurse and requested the nurse to check R4's BP which was high. Surveyor asked PC P if she was aware if the nurse phoned the physician and PC P was unaware but did know the son was phoned. On 9/4/25 at 11:35 AM, Surveyor interviewed CNA O (Certified Nursing Assistant) who indicated she worked with R4 on Sunday 8/24/25 on the PM shift. CNA O indicated R4 was a little off that shift as he would ask for the nurse or pain medication every 15 minutes. CNA O indicated R4 kept repeating I need the nurse. I need a lidocaine patch. I need the nurse. I am in pain. CNA O indicated R4 generally has a bit of general pain but never has repeatedly (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 - Actual harm Residents Affected - Few	asked for nurse or indicate he was in pain like he did that shift. CNA O indicated that was not normal behavior for R4. CNA O indicated she would keep telling LPN K as R4 would ask and LPN K would say she will get to him. CNA O indicated R4 did not have a history of turning his call light on due to pain in the past. R4's Nurse Note dated 8/25/25 at 6:55 AM, states: Note 8/24/25 10:30PM BP- 108/68 Pulse- 88 O2 (oxygen) Saturation- 95 RA (Room Air). R4's Nurse Note dated 8/25/25 at 6:40 PM, states: BP- 153/92 Pulse- 66 Respirations- 14 Temperature- 97.2 O2 Saturation- 97 RA Resident appeared to be lethargic at dinner time; resident did not want to eat. VS (vital signs) take; WNL (within normal limits) as documented. Lung sounds CTA (clear to auscultation). Resident is responsive to stimulation. Will continue to monitor resident.(Of note: this is a change from R4's baseline - no RN assessment was completed and no evidence a provider was updated regarding R4's change in condition.)On 9/4/25 at 2:13 PM, Surveyor interviewed LPN K (Licensed Practical Nurse) who indicated that she worked with R4 on Monday 8/25/25 on the PM shift. LPN K indicated R4's caregiver had informed her that R4 is not wanting to eat and usually R4 eats. LPN K indicated she had gone in by R4 to talk with him and R4's eyes were closed. LPN K started rubbing on his arms and rubbed his sternum. Surveyor asked LPN K what made her rub his sternum and LPN K indicated R4 was lethargic but was responding. LPN K indicated based on his vital signs and talking to R4 she thought R4 had had a long day. LPN K indicated her judgement was not to send R4 out to ER right away. R4 did not eat supper that night and LPN K had made him a protein milkshake. LPN K indicated R4 usually eats at meals and as far as pain, R4 is touch and go with general pain. Surveyor asked LPN K if being lethargic where LPN K felt to rub R4's sternum and not eating would be a change of condition for R4. LPN K indicated R4 has a history of ups and downs in health. R4's Nurse Note dated 8/26/25 at 10:05 AM, states: Staff reported resident has not been at baseline for the last couple of days, VSS (vital signs stable) as charted. Resident told staff he was in pain and needed meds, writer attempted to give meds, he refused and stated, get out. Writer re-approached x 2 at [sic] after a brief period, he still refused. He was observed not making needs known per his usual. Order obtained from NP to send to ER for eval. Writer spoke with son and resident who were both in agreement with the plan. EMS transported resident to hospital at approximately 9:45 AM. On 9/03/25 at 2:41 PM, Surveyor interviewed RN L (Registered Nurse) who indicated that it had been reported to her by R4's caregiver and CNA N that R4 was off on the morning of 8/26/25 approximately 6:30 AM. RN L indicated R4 was talking and making statements that were not his normal conversation. CNA N had come to RN L and informed that R4 was in pain and needed something. RN L went in by R4 and R4 stated, I don't want those. Get out of here! RN L indicated she reapproached and checked vital signs on R4. RN L indicated R4 can usually make needs known so his behavior was a change for him. RN L called NP and received an order to send R4 out to ER. Surveyor asked RN L if she had received anything in report regarding a change in R4 and RN L indicated she worked with R4 Sunday and R4 was a little off. On 9/03/25 at 3:52 PM, Surveyor interviewed CNA N who indicated she worked with R4 the morning of 8/26/25 when R4 was complaining of pain in his back and asking for pain medication. CNA N indicated R4 never asked for pain medication so that was a change for R4. CNA N indicated that morning she had got in report that R4 was acting different. R4's Nurse Note dated 8/27/25 at 11:12 AM, states, Resident was admitted to hospital for observation, RN from hospital called to update on his condition and to gather information on his cares here. Plan at this time is to have him return when ready. R4's Nurse Notes, dated 8/27/25, at 5:42 PM, states, admit date : [DATE] Time: 5:05PM.Diagnosis: CVA (cerebrovascular accident) (stroke) in occipital lobe.Primary reason for admission: CVA. R4's BP recordings are as follows:7/8/25 11:23 AM- BP- 112/787/15/25 12:44 PM- BP-97/658/1/25 12:27 PM- BP-137/768/5/25 1:17 PM- BP- 105/708/12/25 9:22 AM- BP-151/838/19/25 10:35 AM- BP-127/738/24/25 8:45 PM- BP-146/1058/24/25 10:30 PM-BP-108/688/25/25 6:40 PM- BP- 153/92 R4's Hospital Discharge, dated 8/27/25, states, in part: . admission Date: 8/26/25. discharge date : [DATE] Primary Discharge Diagnosis: Left occipital lobe subacute infarct (an area of brain tissue damage in the posterior (back) left part of the brain that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 - Actual harm Residents Affected - Few	occurred days or weeks ago, not acutely (within hours). This type of stroke primarily affects vision, leading to a loss of the right-side visual field in both eyes. Symptoms can also include visual hallucinations, memory problems, or confusion and require immediate medical attention) .Active Issues Requiring Follow-Up:Issue: Post-hospital follow up.What is needed: diabetes and hypertension management, evaluate for tolerance of new aspirin for stroke, moderate to severe aortic valve stenosis on TTE (transthoracic echocardiogram) .Issue: post-hospital follow upResponsible Individual: stroke neurology clinicWhat is Needed: stroke follow up, zio (cardiac monitoring patch for detecting irregular heart rhythms) ordered at discharge. Details of Hospital Stay:Initial Presentation and Hospital Course: . presented to ER from his nursing facility on 8/26/25 due to altered mental status for a few days. Initial neurologic exam notable for disorientation to time, reason for presentation, right temporal hemianopia (a condition where there is a partial or complete loss of vision in one half of the visual field), and at least antigravity strength (ability to resist gravity with bending or extending arm) of right upper extremity, bilateral lower extremities, and 1/5 left upper extremity strength. CT (Computed Tomography) head demonstrated new cytotoxic edema (excess accumulation of fluid in the intracellular or extracellular spaces of the brain. This typically causes impaired nerve function, increased pressure within the skull, and can eventually lead to direct compression of brain tissue and blood vessels) of the left occipital lobe likely representing a subacute infarct (a brain injury that occurs when blood flow to a part of the brain is reduced or blocked for a period of time, resulting in tissue damage) with gyriform areas of linear hyperdensity (a sign of brain damage caused by insufficient energy supply to the brain) potentially related to associated petechial blood products. Etiologic Investigation of Stroke: .1.MRI (Magnetic Resonance Imaging) head: Redemonstrated subacute infarct of the left occipital lobe. There is associated susceptibility artifact favored to represent petechial hemorrhage.2.] MR (Magnetic Resonance) Perfusion: Small area of elevated Tmax within the area of left occipital infarct (indicates tissue that is at risk of damage but still may be salvageable), though elevation is limited by technical factors. Etiology of infarct considered to be ESUS (Embolic Stroke of Undetermined Source) at this time. However, atherembolism (cholesterol embolism) is a consideration. Discharge Planning: Secondary stroke prevention treatment plan at discharge includes antiplatelet therapy (prevent blood clots). Ongoing BP management. Blood Pressure: Last 3 Readings:8/27/25 3:00AM- 167/748/27/25 7:50 AM- 122/558/27/25 11:30AM- 121/59. On 9/04/25 at 12:00 PM, Surveyor interviewed NP R and asked if she would expect to be notified of R4 complaining of a severe headache where R4 is unable to hold eyes open due to pain and elevated BP of 146/105 and NP R indicated yes. Surveyor asked NP R if R4 was refusing to go to the ER at this time of elevated BP and severe headache what would NP R expect nursing staff to do. NP R indicated notify physician/NP and follow directions. Surveyor asked at the time R4 was experiencing severe headache and elevated BP would NP R expect a thorough assessment by a nurse. NP R indicated yes with neurological assessment and repeat BP checks. NP R indicated with a significant change as that she would expect MD/NP notification immediately by phone, not voicemail. On 9/04/25 at 2:33 PM, Surveyor interviewed DON B (Director of Nursing) and asked on 8/24/25 R4 was experiencing a severe headache where he could not hold his eyes open the pain was so bad and an elevated BP of 146/105 would you expect physician notification immediately. DON B indicated yes. Surveyor asked if that would be a change of condition and DON B indicated yes. Surveyor asked if DON B would expect a thorough assessment to include a neurological assessment by an RN and DON B indicated yes. Surveyor informed DON B that Surveyor could not locate a thorough assessment for R4 on 8/24/25 and DON B and NHA A (Nursing Home Administrator) agreed after looking in R4's medical record there was no thorough assessment. Surveyor informed DON B and NHA A that LPN J indicated no NP or physician was notified; LPN J left a voicemail on the NP's line. Surveyor asked DON B with a change of condition would she expect physician notification and DON B indicated yes. Surveyor asked if voicemail would be acceptable and DON B indicated no. Surveyor went over the nurse notes from 8/25/25 when R4 did not eat supper and was lethargic with nurse rubbing R4's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 - Actual harm Residents Affected - Few	sternum. Vital signs charted in R4's medical record without a thorough assessment. DON B agreed a thorough assessment should have been completed and was not. Surveyor asked what standards of practice the facility follows for change of condition and DON B indicated Interact.R4 was not thoroughly assessed by an RN when he experienced a change in condition and R4's provider was not notified regarding his change in condition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that each resident receives food and drink that is palatable and at a safe and appetizing temperature. This has the potential to affect 1 of 3 supplemental residents (R29) and 22 residents eating in the main dining room out of a census of 31. R29 voiced concerns of cold food during screening. Surveyor conducted 1 test tray for the dining room which was not palatable. Evidenced by: Facility policy, entitled Standard Operating Procedures Serving Food dated 10/10/10 states, in part: .5. Hold potentially hazardous foods at the proper temperature. The 2022 Federal Food and Drug Administration (FDA) Food Code documents at 3-501.16: .Bacterial growth and/or toxin production can occur if time/temperature control for safety food remains in the temperature danger zone of 5 degrees Celsius (C) to 57 degrees C (41 degrees Fahrenheit (F) to 135 degrees F) too long. Example 1 On 9/3/25 at 12:39 PM, Surveyor conducted a test tray from the main dining room. Surveyor took the temperature of the items on the tray. The temperatures were as follows: Salisbury Steak– 124.2 degrees Fahrenheit Buttered noodles – 121.4 degrees Fahrenheit Vegetable medley (broccoli, squash, green beans, red pepper) – 126.9 degrees Fahrenheit Cheesecake – 64.9 degrees Fahrenheit Milk – 46.9 degrees Fahrenheit Surveyor tasted the food and drink on the tray. The Salisbury steak, noodles, and vegetables did not taste as hot as they should have been - the steak and noodles were lukewarm. The cheesecake tasted like it was room temperature and the milk was not as cold as it should have been. The tray was not palatable and at a safe and appetizing temperature. On 9/4/25 at 11:18 AM, Surveyor interviewed DM F (Dietary Manager) who indicated the hot food should have been above 135 degrees and the cold food should be below 41 degrees Fahrenheit. On 9/4/25 at 3:15 PM, Surveyor interviewed NHA A (Nursing Home Administrator), ANHA E (Assistant Nursing Home Administrator), and DON B (Interim Director of Nursing) who indicated they would expect food to be served at the appropriate temperatures. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Of note: 22 Residents dine in the dining room out of a census of 31. Example 2 R29 was admitted to the facility on [DATE] with diagnoses that include: hypertension (high blood pressure) and hyperlipidemia (high cholesterol). R29's Comprehensive Minimum Data Set (MDS), with Assessment Reference Date (ARD) 8/28/25, indicates R29 has a Brief Interview for Mental Status score of 15 out of 15, indicating that R29 is cognitively intact. On 9/2/25 at 11:44 AM, Surveyor interviewed R29. R29 stated to Surveyor that the food she receives is cold sometimes. On 9/4/25 at 3:15 PM, Surveyor interviewed NHA A (Nursing Home Administrator), ANHA (Assistant Nursing Home Administrator), and DON B (Interim Director of Nursing) who indicated they would expect food to be served at the appropriate temperatures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **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 treated with dignity and respect in an environment that promotes maintenance or enhancement of his or her quality of life and recognizes each resident's individuality for 1 of 12 residents (R17) reviewed.R17 reported to Surveyor that they are continent of their bowels, but facility staff make them go to the bathroom in their depends.Evidenced by:The facility policy titled Rights of Residents, no date, states in part .As a basic premise, all residents have the right to a dignified existence, self- determination, and communication with and access to persons and services inside and outside of the facility.Quality of Life: This facility will care for each resident in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.Dignity: We will promote your right to receive care and treatment in a manner and in an environment that maintains or enhances your dignity and respect in full recognition of your individuality.R17 was admitted to the facility on [DATE] with diagnoses that include type 2 Diabetes mellitus, hypertension (high blood pressure), and bipolar disorder (a disorder with episodes of mood swings ranging from depressive lows to manic highs).R17's most recent Minimum Data Set (MDS) dated [DATE] states that R17 has a Brief Interview of Mental Status (BIMS) of 15 out of 15, indicating that R17 is cognitively intact.R17's MDS Section H- Bowel and Bladder, since admission state the following:10/25/24- Occasionally incontinent of bowel- on toileting program.2/4/25- frequently incontinent of bowel- on toileting program.4/30/25- frequently incontinent of bowel- on toileting program.7/25/25- Always incontinent of bowel- on toileting program.R17's care plan dated 11/5/24 states in part .Problem: Potential for difficulty with self-cares r/t (related to) my impaired mobility. Approach: .Toileting: I need 2 people to help me to the bathroom. I am partially incontinent.On 9/2/25 at 4:13 PM, Surveyor interviewed R17. R17 reported to Surveyor that they have to Poop in bed. Surveyor asked R17 if staff have tried to transfer her to the toilet with the Hoyer, R17 stated no, they can't. Surveyor asked R17 if she knows when she has to have a bowel movement, R17 reported that she has full control of her bowels and knows when she has to have a bowel movement. R17 also reported that she is fully incontinent of her bladder. Surveyor asked R17 if given the option, would she prefer to go to the bathroom on the toilet, R17 stated yes. Surveyor asked R17 how it makes her feel to have to go to the bathroom in bed and in a Depends, R17 stated that it makes her feel icky and that she is above that and does not want it to continue.On 9/3/25 at 3:12 PM, Surveyor interviewed CNA H (Certified Nursing Assistant). Surveyor asked CNA H if R17 is aware when she has to have a bowel movement, CNA H stated yes. Surveyor asked CNA H if R17 gets transferred to the bathroom when she has to have a bowel movement, CNA H stated no, she has to go in bed, on the bedpan or in her Depends. CNA H stated that she is not sure how they would get the Hoyer in the bathroom due not having much room.On 9/4/25 at 8:58 AM, Surveyor interviewed CNA I. Surveyor asked CNA I if R17 knows when she has to have a bowel movement, CNA I stated that sometimes she does and sometimes she doesn't. Surveyor asked CNA I if they transfer R17 to the toilet when she has to have a bowel movement, CNA I stated that they have not put R17 on the toilet since she became a Hoyer transfer. Surveyor asked why they do not transfer R17 to the toilet, CNA I stated that it is physically impossible to get someone on the toilet with a Hoyer lift.On 9/4/25 at 10:11 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what the expectation is for toileting residents that transfer with a Hoyer, DON B reported that residents can be evaluated by therapy, but if not cleared, they can use a commode or a bedpan. Surveyor asked DON B if residents should be expected to defecate in their Depends, DON B stated absolutely not. Surveyor asked DON B if she was aware that R17 is having to have bowel movements in her Depends, and occasionally on the bedpan, DON B stated no. Surveyor asked DON B if anyone had considered using a commode for R17, DON B stated that she was unsure.Cross reference F641.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility did not ensure that all staff had background checks completed every four years which is part of preventing abuse. This affected 2 of 8 staff reviewed.Housekeeper C did not have a background check completed every four years.LPN D (Licensed Practical Nurse) did not have a background check completed every four years.Evidenced by:The facility's policy titled Policies and Procedures last reviewed on 8/2025 states in part .Components of Abuse Policy: 1. Screening: .B. Employment Background Checks are completed on all employees through [county's health and family services department] and Department of Justice at hire and every 4 years thereafter.On 9/3/25, Surveyor reviewed 8 random staff members to ensure compliance with background checks.Surveyor reviewed the background check information for Housekeeper C and noted the date of the background check was 5/12/21, meaning that Housekeeper C was due for a background check on or before 5/21/25.Surveyor reviewed the background check information for LPN D and noted the date of the background check was 11/25/20, meaning that LPN C was due for a background check on or before 11/25/24.On 9/3/25 at 4:05 PM, Surveyor interviewed ANHA E (Assistant Nursing Home Administrator). Surveyor asked ANHA E how often background checks should be completed, ANHA E stated every 4 years. Surveyor asked ANHA E if Housekeeper C and LPN D should have had their background checks completed timely, ANHA E stated yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility must ensure the assessment accurately reflects the resident's status, this affected 1 of 16 sampled residents (R17).R17's comprehensive and quarterly Minimum Data Set (MDS) Assessments do not accurately reflect her bowel status. Evidenced by:The facility's policy titled MDS Completion last reviewed on 4/2024, states in part .Key Points: The RAI (Resident Assessment Instrument) is an interdisciplinary process in which input from the resident, family, care team staff as well as the medical record is used. It is intended that the assessment and interview process includes the resident's choices for care whenever possible.R17 was admitted to the facility on [DATE] with diagnoses that include type 2 Diabetes mellitus, hypertension (high blood pressure), and bipolar disorder (a disorder with episodes of mood swings ranging from depressive lows to manic highs).R17's most recent MDS dated [DATE] states that R17 has a Brief Interview of Mental Status (BIMS) of 15 out of 15, indicating that R17 is cognitively intact.R17's MDS Section H-Bowel and Bladder, since admission state the following:10/25/24- Occasionally incontinent of bowel- on toileting program.2/4/25- Frequently incontinent of bowel- on toileting program.4/30/25- Frequently incontinent of bowel- on toileting program.7/25/25- Always incontinent of bowel- on toileting program.R17's care plan dated 11/5/24 states in part .Problem: Potential for difficulty with self-cares r/t (related to) my impaired mobility. Approach: .Toileting: I need 2 people to help me to the bathroom. I am partially incontinent.On 9/2/25 at 4:13 PM, Surveyor interviewed R17. R17 reported to Surveyor that they have to Poop in bed. Surveyor asked R17 if staff have tried to transfer her to the toilet with the Hoyer, R17 stated np, they can't. Surveyor asked R17 if she knows when she has to have a bowel movement, R17 reported that she has full control of her bowels and knows when she has to have a bowel movement. R17 also reported that she is fully incontinent of her bladder.On 9/4/25 at 8:49 AM, Surveyor interviewed RN Q (Registered Nurse), who is also the MDS nurse. Surveyor asked RN Q What the process is for completing a MDS, RN Q stated that she has a worksheet that she fills out, reviews the documentation, and then enters the data into the computer system. Surveyor asked RN Q if she interviews the residents for the MDS, RN Q stated she interviews residents on admission and with quarterly assessments and looks at the documentation in the electronic health record. Surveyor asked RN Q if she spoke with R17 regarding her bowel continence, RN Q stated no, and that R17 is a Hoyer transfer and that the lift won't fit into the bathroom. RN Q reported that she is unsure if the CNAs (Certified Nursing Assistant) are offering R17 the bedpan. Surveyor asked RN Q if R17 cannot be transferred to the bathroom, does that automatically make her incontinent, RN Q stated no. RN Q reported that the CNA documentation states that R17 is incontinent. Surveyor asked RN Q if she has spoken with R17 about her bowel incontinence, RN Q stated no. Surveyor asked RN Q what the toileting program that R17 is on, RN Q stated R17 should be toileted upon rising, after breakfast, before and after lunch and supper, and at bedtime.It is important to note that Surveyor requested documentation of R17's toileting program and none was provided.On 9/4/25 at 10:11 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if the information in the MDS should be accurate, DON B stated yes. Surveyor asked DON B if a resident is on a toileting program, should it be documented, DON B stated yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure residents are free of significant medication errors for 1 (R34) of 1 out of 5 sampled residentsR34 has an order for metoprolol succinate (medication used to lower blood pressure) ER (extended release) 25 MG (milligrams) Tablet Extended Release 24 Hour dose to be administered once a day by mouth. This medication is labeled and ordered as an extended-release medication, meaning it is designed to release the active ingredients slowly over time, and are not to be crushed. Additionally, the order required staff to assess a pulse prior to administration. Surveyor observed MT G (Medication Technician) crush R34's Metoprolol extended release and administer it to R34 without assessing a pulse. Evidenced by:The facility policy entitled, Preparation and General Guidelines IIA2: Medication Administration-General Guidelines, dated 8/2014, states, in part: . 7) Tablet Crushing/Capsule Opening:. a. Long-acting or enteric-coated dosage forms should not be crushed; an alternative should be sought.The facility policy entitled, Appendix 7: Medication Crushing Guidelines, dated 8/2014, states, in part: . Medications That Should Not Be Crushed or Chewed. When a resident's condition prohibits the administration of solid dosage forms (tablets, capsules, etc.), the nurse administering the medication should check to see that there is no contraindication to crushing the medications in question. If crushing is contraindicated, the nurse should consult the pharmacist for assistance in obtaining the medication in liquid form, if possible, and obtain a physician's order to change dosage forms and directions. The rational for not crushing some medications includes:. D. Timed Release Tablets are designed to release medication over a sustained period, usually 8 to 24 hours. These formulations utilized to reduce stomach irritation in some cases and to achieve prolonged medication action in other cases. In either case these tablets should not be crushed.The facility policy entitled, Specific Medication Administration Procedures IIB1: Administration Procedures For All Medications, dated 8/2014, states, in part: . I. Obtain and record any vital signs or other monitoring parameters ordered or deemed necessary prior to medication administration.The facility policy entitled, Medication Error, dated 4/2023, states, in part: It is the policy of [Facility Name] to be free of significant medication error and error rates. Significant medication errors can cause the resident discomfort or jeopardizes his or her health safety.R34 was admitted to the facility on [DATE], with diagnoses that include, in part: Cerebrovascular Accident (Stroke), hypertension (high blood pressure), and hypothyroidism (Thyroid gland doesn't produce enough thyroid hormone).R34's Quarterly Minimum Data Set, with Assessment Reference Date (ARD) of 6/20/25, indicates R34 has a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating that she is cognitively intact.R34's Physician Orders indicate:Metoprolol Succinate ER (extended release) 25 MG (milligrams) Tablet Extended Release 24 Hour dose ordered: (1 tablet/25mg) by mouth daily 0800 (8:00 AM) FOR: Hypertension. Administration Instructions: hold for pulse <50. Start Date: 12/15/23. Active Order. R34's Nursing Notes indicate R34's pulse was not assessed prior to the Metoprolol Succinate administration.On 9/4/25 at 8:47 AM, Surveyor observed MT G prepare R34's medications. Surveyor observed MT G prepare and crush 4 medications, including the Metoprolol Succinate ER tablet. Surveyor stopped MT G and asked if she had completed all of her pre-administration medication checks. MT G states, yes, and that R34 likes to take her medications with pudding. Surveyor asked MT G if she was now going to administer the medications. MT G states, yes. Surveyor asked MT G if she knew what the ER label meant on medication labels. MT G indicates, that ER means extended release. Surveyor asked MT G if extended-release medications can be crushed. MT G states, no. Surveyor advised MT G that she was not able to give her direction on what to do, but if she wanted to speak with a nurse, physician, or pharmacy prior to administration, she could do what she felt was appropriate at this time since she had not yet administered the medication. MT G indicated that is how R34 takes her medication and Surveyor observed MT G administer the crushed medications, mixed with pudding, to R34. This resulted in one significant (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medication error.On 9/4/25 at 10:20 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how staff who administer medications know which resident's medications are crushed, in pudding, or have special instructions. DON B indicates this information should be on the MAR (Medication Administration Record), and they should have crush or do not crush orders. Surveyor asked DON B what the ER stands for on medication labeling. DON B indicates, it means extended release. Surveyor asked DON B if extended-release medications should be crushed. DON B states, no. Surveyor asked DON B if crushing an extended-release medication would be considered a medication error. DON B indicates, yes, and that the facility has already started the procedure of notifying the physician, assessing the resident, and reaching out to their pharmacist for further instruction. On 9/4/25 at 1:37 PM, Surveyor interviewed DON B. Surveyor noted that R34's metoprolol physician order also requires R34 to have her pulse checked prior to medication administration. Surveyor asked DON B if she would have expected R34 to have her pulse checked prior to the metoprolol succinate medication administration. DON B states, yes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure they followed their antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use for 2 of 3 supplemental residents (R19 &R10)) reviewed for antibiotic stewardship. R19 was treated for a urinary tract infection (UTI) with no documentation for criteria being met. R19 was treated with ciprofloxacin for UTI and culture and sensitivity (C&S) showed resistance to ciprofloxacin.R10 was treated with antibiotic for cystitis with no documentation for criteria being met and with no documentation of urinalysis (UA) and C&S.Evidenced by:The facility policy entitled Antibiotic Stewardship Program, dated 2/2024, states, in part: . Policy: It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.Procedure: .4. The program includes antibiotic use protocols and a system to monitor antibiotic use. A. Antibiotic use protocols include: . ii. Laboratory testing shall be in accordance with the current standards of practice. iii. The facility uses McGeers Criteria to define infections. B. Monitoring antibiotic use: i. Antibiotic orders obtained upon admission, whether new admission or readmission to the facility will be reviewed for appropriateness. ii. Antibiotic orders obtained from consulting, specialty, or emergency providers shall be reviewed for appropriateness. The facility policy entitled Infection Control Surveillance, dated 2/2024, states, in part: . Policy: It is the policy that surveillance is an integral component of an effective program to prevent, control, and treat infection among residents and staff. A system of surveillance is utilized for prevention, and controlling communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under contractual arrangement based upon a facility assessment and accepted national standards. Procedure: 1. An Infection Preventionist (IP) serves as the leader in surveillance activities, maintains documentation of incidents, finds any corrective actions made by the facility.9. Data to be used in the surveillance activities may include but are: . H. Documentation of signs and symptoms in clinical record monitoring includes a review of the current resident's medical status, risk factors, daily documentation, physician's orders, laboratory reports, culture findings, and residents known to have experienced multi-drug-resistant organisms. McGeer Criteria for Infection Surveillance Checklist, states, in part: . Urinary Tract Infection (UTI) Surveillance Definitions:Syndrome: UTI with indwelling catheter.Criteria: Must fulfill both 1 and 21. At least one of the following sign or symptom:-Fever, rigors, or new-onset hypotension, with no alternate site of infection-Either acute change in mental status or acute functional decline, with no alternate diagnoses and leukocytosis-New onset suprapubic pain or costovertebral angle pain or tenderness-Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate2. Urinary catheter specimen culture with > 10 to 5th power cfu (colony forming units)/mL (milli-liters) of any organism.Syndrome: UTI without indwelling catheter.Criteria: Must fulfill both 1 and 21. At least one of the following sign or symptom.-Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate-Fever or leukocytosis, and > 1 of the following: -Acute costoverbral angle pain or tenderness -Suprapubic pain -Gross hematuria -New or marked increase in incontinence -New or marked increase in urgency -New or marked increase in frequency-If no fever or leukocytosis, then > 2 of the following: -Suprapubic pain -Gross hematuria -New or marked increase in incontinence -New or marked increase in urgency -New or marked increase in frequency 2. At least one of the following microbiologic criteria- > 10 to 5th power cfu/mL of no more than 2 species of organisms in a voided urine sample- > 10 to 5th power cfu/mL of any organism(s) in a specimen collected by an in-and-out catheter Example 1:R19 admitted to the facility on [DATE], and has diagnoses to include spinal stenosis (the spaces inside the bones of the spine get too small putting pressure on the spinal cord and the nerves that travel through the spine) and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	atherosclerotic heart disease (involves plaque buildup in artery walls and can cause a heart attack, stable or unstable angina, stroke, transient ischemic attack or aortic aneurysm).The facility's August 2025 Infection Control Line Listing shows for R19: . Infection Type: UTI. Date Lab: 8/11/25. Date Symptom: 8/10/25. Predisposing Factors: left blank. Date Treatment: 8/11/25. Antibiotic: Ciprofloxacin. Dose: 500 mg. Start Date: 8/11/25. Stop Date: 6 days. Date of Culture: left blank. Is organism sensitive to antibiotic? Left blank. Clinical signs of infection present? Left blank.R19's C&S, dated 8/15/25, states, in part: . >100,000 CFU (colony forming unit)/mL (milli-liter) Proteus mirabilis.>100,000 CFU/mL Pseudomonas aeruginosa. Susceptibility: .Cefuroxime - Susceptible.Ciprofloxacin - Resistant. R19's August 2025 Medication Administration Record (MAR) states, in part: . Entry Date: 8/11/25 Ciprofloxacin HCl (hydrochloride) 500 mg (milligrams) Tablet dose ordered: 1 tablet/500mg by mouth twice a day 0800/8pm x 6 days (Current Order) For: UTI.R19's August 2025 MAR shows R19 received Ciprofloxacin 500 mg at 8:00PM on 8/11/25 and twice a day at 8:00AM and 8:00PM on 8/12/25, 8/13/25, 8/14/25, 8/15/25 and 8/16/25. R19 received ciprofloxacin 500 mg at 8:00AM on 8/17/25.R19's August 2025 MAR states, in part: . Entry Date: 8/15/25 Cefuroxime Axetil 250 mg tablet dose ordered: (1 tablet/250mg) by mouth twice a day 8:00 AM/8:00PM. First Date: 8/16/25 through 8/27/25 for UTI.R19's August 2025 MAR shows R19 received Cefuroxime axetil 250 mg at 8:00PM on 8/15/25 and at 8:00AM and 8:00PM on 8/16/25 -8/20/25.On 9/4/25 at 10:20AM, Surveyor interviewed IP S (Infection Preventionist) and RN T (Registered Nurse). IP S indicated R19 had returned from a hospital stay on 8/11/25 on Ciprofloxacin for UTI. Surveyor asked IP S looking at the C&S is the organism resistant to Ciprofloxacin and IP S indicated yes. IP S indicated R19 received the ciprofloxacin for a few days and then started on cefuroxime which R19 was susceptible to. IP S indicated R19 should not have received Ciprofloxacin for UTI as R19's C&S showed resistance to the antibiotic. Surveyor asked IP S looking at line listing what were R19's symptoms and IP S indicated there are no symptoms listed. Surveyor asked IP S what the facility's process is for a resident coming from hospital or another facility on antibiotic. IP S indicated the facility is to be sure the resident and the labs meet criteria to treat infection, and the resident is on correct antibiotic according to C&S. IP S indicated it was missed in R19's case. Surveyor asked IP S what standards of practice the facility uses, and IP S indicated McGeers. Example 2:R10's last admission date to the facility from the hospital was 9/04/25 and has diagnoses that include cerebral infarction (occurs when blood flow to the brain is interrupted leading to cell death and brain damage) and chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe).The facility's August 2025 Infection Control Line Listing shows for R10: . Infection Type: left blank. Date Lab: 7/30/25. Date Symptom: 7/30/25. Predisposing Factors: left blank. Date Treatment: left blank. Antibiotic: Cefpodoxime. Dose: 200 mg. Start Date: 7/30/25. Stop Date: 7 days. Date of Culture: N/A. Is organism sensitive to antibiotic? Left blank. Clinical signs of infection present? Left blank. Comments: cystitis.R10's July MAR shows: Entry Date: 7/30/25. Cefpodoxime Proxetil 200 mg Tablet dose ordered: (1 tablet/200 mg) by mouth twice a day 8:00AM/5PM x 7 days. For: Infection.R10's July 2025 MAR shows R10 received Cefpodoxime Proxetil 200 mg at 5:00PM on 7/30/25 and at 8:00AM and 8:00AM and 5:00PM on 7/31/25.R10's August MAR shows: Entry Date: 7/30/25. Cefpodoxime Proxetil 200 mg Tablet dose ordered: (1 tablet/200 mg) by mouth twice a day 8:00AM/5PM x 7 days. For: Infection.R10's August 2025 MAR shows R10 received Cefpodoxime Proxetil 200 mg at 8:00PM and 5:00PM on 8/1/25- 8/5/25 and at 8:00AM and 8:00AM on 8/6/25.On 9/4/25 at 10:20 AM, Surveyor interviewed IP S and RN T. Surveyor asked IP S what were R10's symptoms and IP S indicated there are no symptoms listed on the line list. Surveyor asked if R10 met criteria and IP S indicated I wouldn't know looking at line listing. RN T indicated McGeers criteria would be in documentation. (Note: documentation was not provided).Surveyor asked if facility has UA and C&S for R10, and RN T indicated no. IP S indicated the UA and C&S should be in R10's medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525656	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Winds Manor	303 S Jefferson St Verona, WI 53593

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 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 before offering the influenza and/or pneumococcal immunizations, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization, and the resident's medical record includes documentation that indicates, at a minimum, the following: that the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza and/or pneumococcal immunizations; and that the resident either received the influenza and/or pneumococcal immunizations or did not receive the influenza and/or pneumococcal immunizations due to medical contraindications or refusal. This affected 2 of 5 residents (R6, & R7) reviewed for immunizations. The facility did not offer R6 the pneumococcal vaccines, and the facility has no declination/education or consent for R6.The facility did not offer R7 the pneumococcal vaccines, and the facility has no declination/education or consent for R7.Evidenced by:The facility policy entitled Immunization Policy- Residents, dated 5/24/21, states, in part: . Policy: Four Winds Manor provides the following vaccinations to residents pursuant toa directive from CMS (Centers for Medicare & Medicaid Services) and an overall order from the Medical Director. These vaccinations are administered per this protocol at the appropriate time unless there is a medical contraindication for vaccination.the current Vaccination Information Sheet prepared by the Centers for Disease Control is provided in advance to the resident or responsible party. E. Immunization status of residents is reviewed annually. Current CDC (Centers for Disease Control) recommendation is considered. Example 1R6 admitted to the facility 2/26/2024.R6's vaccine documentation shows:R6 received the 23 Valent Pneumococcal Vaccine on 11/13/2017.R6 received the 13 Valent Pneumococcal Vaccine on 5/21/2015.R6 was not offered the PCV20 or PCV21 per CDC recommendations. There is no documentation that R6 was offered the next pneumococcal vaccine. Facility could not provide a declination or consent for R6.Per Pneumo Recs VaxAdvisor, the recommendation for R6 is to give one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. Example 2R7 admitted to the facility on [DATE]. R7's vaccine documentation shows:R7 received the 13 Valent Pneumo on 11/11/2014.R7 received the 23 Valent Pneumo on 10/31/2018.R7 was not offered the PCV20 or PCV21 per CDC recommendations. There is no documentation that R7 was offered the next pneumococcal vaccine. Facility could not provide a declination or consent for R7.Per Pneumo Recs VaxAdvisor, the recommendation for R7 is to give one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose.On 9/4/25, at 1:45PM, DON B (Director of Nursing) handed Surveyor an email from the pharmacy regarding CDC's current guidance for pneumococcal vaccinations. DON B indicated the facility had been following the old CDC guidance and not the current guidance. The facility does not have declinations for R6 and R7.