

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Montello Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 251 Forest Lane Montello, WI 53949	
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 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 staff interview and record review, the facility failed to develop and/or implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for 2 residents (R) (R1 and R2) of 2 sampled residents. On 7/14/25, R2 struck R1 in the face. The facility did not notify local law enforcement of the abuse. Findings include: The facility's Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy, revised 9/2022, indicates: .2. The Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: .e. Law enforcement officials. (The facility's policy did not include examples of crimes that should be reported, including but not limited to assault and battery, and did not indicate that the facility consulted with local law enforcement to discuss what to report or not report.) On 8/1/25, Surveyor reviewed a facility-reported incident that indicated R2 slapped R1 across the face on 7/14/25 and the incident was witnessed by Med Tech (MT)-C. On 8/1/25 at 10:09 AM, Surveyor interviewed MT-C who confirmed MT-C witnessed R2 slap R1 across the face and staff immediately separated the residents. On 8/1/25, Surveyor attempted to interview R1 and R2 but was unable to do so due to cognitive impairment and dementia diagnoses for both residents. (R1 had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 on 7/14/25 which indicated R1 had severely impaired cognition. R2 had a BIMS score of 5 out of 15 on 7/14/25 which indicated R2 also had severely impaired cognition.) On the day of the incident, the facility completed resident interviews, PHQ-9 evaluations, and a trauma informed care assessment for R2. The incident did not appear to have affected R1 or R2 and neither could recall the incident. On 8/1/25 at 1:39 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the incident was not malicious and neither resident could tell NHA-A what happened. NHA-A indicated NHA-A did not feel the abuse should be reported to local law enforcement.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525657
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