| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525657 | A. Building<br>B. Wing | 06/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 2 of 3 residents (R2 & R3) reviewed for medication errors.<br><br>R3 did not receive her ordered morphine tablet on 5/28/26 (PM), 5/29/26 (AM), 5/29/26 (PM), and 5/30/26 (AM). The morphine was not given as ordered due to the medication being unavailable in the facility.<br><br>R2 has not received his Trelegy since his admission on [DATE].<br><br>This is evidenced by:<br><br>The facility policy, titled Medication Administration, dated 1/1/26, states in part: .Policy Explanation and Compliance Guidelines: .10. Ensure that the six rights of medication administration are followed: a. Right resident b. Right drug c. Right dosage d. Right route e. Right time f. Right documentation.12. Compare medication source.with MAR (Medication Administration Record) to verify resident name, medication name, form, dose, route and time.b. Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician.<br><br>The facility policy, titled Medication Reordering, undated, states in part: Policy: It is the policy of the facility to accurately and safely provide or obtain pharmaceutical services including the provision of routine and emergency medications and biologicals in a timely manner to meet the needs of each resident.Policy Explanation and Compliance Guidelines: 1. The facility will utilize a systematic approach to provide or obtain routine and emergency medications and biologicals in order to meet the needs of each resident. 2. Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner. 3. Each time a nurse is administering medications and observes (6) or less doses left of one kind, that nurse will reorder the medication, time permitting.5. In the event of new orders, the facility is allowed (24) hours to begin a medication unless otherwise specified by the physician.<br><br>Example 1<br><br>R3 was admitted to the facility on [DATE] with diagnoses that include, in part: fibromyalgia (a neurological disorder that causes widespread body pain and fatigue), sciatica – left side (nerve pain that radiates from the back down the left leg), and lumbago with sciatica – right side (lower back pain with nerve pain that radiates down the right leg).<br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R3's most recent quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 3/6/26, indicates her BIMS (Brief Interview for Mental Status) score is 14 out of 15, indicating she is cognitively intact.<br><br>On 6/8/26 at 12:03 PM, Surveyor spoke with R3. R3 indicated the facility had recently run out of her morphine and she had missed four or five doses of it.<br><br>Surveyor reviewed R3's MAR from 5/1/26 to 6/8/26 and noted the following:<br><br>Order: Morphine – Schedule II tablet extended release; 15 mg; Amount to Administer: 1 tablet; oral. Frequency: twice a day. Diagnoses: Fibromyalgia. Start date: 10/9/25. Administration times: Morning (6:00 AM – 10:00 AM) and Evening (7:00 PM – 9:00 PM).<br><br>-5/28/26 at 7:10 PM: Not Administered: Drug / Item Unavailable<br><br>-5/29/26 at 9:49 AM: Not Administered: Drug / Item Unavailable<br><br>-5/29/26 at 7:27 PM: Not Administered: Drug / Item Unavailable<br><br>-5/30/26 at 8:49 AM: Not Administered: Drug / Item Unavailable<br><br>Survey reviewed R3's progress notes and did not see any notes pertaining to the morphine being out of stock or reordered.<br><br>On 6/8/26 at 2:20 PM, Surveyor interviewed RN E (Registered Nurse) regarding reordering medications for residents. RN E indicated staff peels the label off of a medication card and puts it on a sheet that is faxed to the pharmacy. New medications are supposed to come in every night and on the weekends. The facility does not keep a record of the faxes that have been sent.<br><br>On 6/8/26 at 2:45 PM, Surveyor interviewed MT F (Med Tech) regarding reordering medications for residents. MT F indicated a label is faxed to the pharmacy for narcotic refills and they are delivered to the facility nightly. Surveyor asked MT F about R3's missing morphine doses and MT F referred Surveyor to the ADON (Assistant Director of Nursing) or DON (Director of Nursing).<br><br>On 6/8/26 at 2:57 PM, Surveyor spoke with ADON C and asked her about R3's missing morphine administrations. ADON C reviewed R3's chart and was unable to find any notes or communication with the doctor regarding the missing doses. ADON C indicated staff should be reordering medications when there are five tablets remaining. ADON C indicated staff could have gotten in touch with the on-call doctor who is available 24/7. ADON C indicated she would have expected that R3 should not have missed four doses of morphine in a row.<br><br>On 6/8/26 at 3:04 PM, Surveyor spoke with DON B about R3's missing morphine administrations. DON B indicated either staff didn't reorder the medication timely or the prescription was up and the pharmacy didn't notify the facility. DON B indicated she would look into this issue.<br><br>On 6/8/26 at 3:53 PM, DON B indicated she spoke with the pharmacy and they had no record of notifying the facility that R3's morphine prescription was about to expire with zero refills remaining. As of mid-May, the pharmacy sends lists to the facility with narcotic prescriptions that are expiring soon to ensure they aren't missed.<br>(continued on next page) |

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| Montello Care Center | 251 Forest Lane<br>Montello, WI 53949 |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 6/8/26 at 5:00 PM, Surveyor spoke with DON B. DON B indicated the floor nurse is responsible for reordering medications and the DON or ADON should be contacted if a medication hasn't arrived by the next morning. Surveyor asked if it is the responsibility of the pharmacy or the facility to reorder a medication that has an expiring prescription before it runs out. DON B indicated if the pharmacy notices, they may contact the prescriber, but said she would have expected the facility to follow up and reorder the morphine before R3 ran out of it.<br><br>Example 2<br><br>R2 was admitted to the facility on [DATE] and has diagnoses that include Chronic Systolic Heart Failure (your heart muscle has weakened and lost its ability to squeeze forcefully,) and Chronic Obstructive Pulmonary Disease (long term lung condition that causes permanent damage, making it hard to breathe.)<br><br>R2's Minimum Data Set (MDS) assessment dated [DATE], indicated that resident has a BIMS (Brief Interview for Mental Status) of 15. This indicates R2 is cognitively intact.<br><br>R2's Physician orders read: Trelegy Ellipta (fluticasone-umeclidin-vilanter) blister with device; 200-62.5 mcg (microgram); amt (amount): 1 puff; inhalation. Special Instructions: RInse mouth after use with water. Do not swallow. [DX: Chronic obstructive pulmonary disease, unspecified] Once a Day; Morning 0600-1000. Start Date: 5/29/26-6/8/26. (D/C Date)<br><br>R2's MAR states: 5/30/26-6/8/26; Reason/Comments: Not administered: Drug/Item Unavailable<br><br>On 6/8/26 at 12:15 PM, Surveyor interviewed RN E, who stated if we don't have a medication in the cart we will check with the ADON (Assistant Director of Nursing) or DON (Director of Nursing) to see if they have any information. I would also call the pharmacy to see if they are sending it.<br><br>On 6/8/26 at 12:20 PM, Surveyor interviewed ADON C. Surveyor asked ADON C why R2 was not receiving his Trelegy that was ordered. ADON C stated not sure what is going on with Trelegy. It tends to be because of cost and if insurance will pay for it. Surveyor asked ADON C about the note at the bottom of Pharmacy Fill Status sheet saying Pharmacy dispensed drug on 6/2/26 at 12:08. DO NOT SEND PER (DON B's NAME), DON. ADON C indicated to Surveyor, you would have to ask DON B.<br><br>On 6/8/26 at 12:25 PM, Surveyor interviewed DON B. Surveyor asked DON B, if she can you tell surveyor what is happening with R2's Trelegy order, as it states it is not available. DON B stated I am not sure because I was not here last week. Sometimes this will happen with inhalers, pharmacy will give substitutes and will be on the substitute clipboard, I will have to look and get back to you.<br><br>On 6/8/26 at 4:03 PM, Surveyor interviewed DON B. Surveyor asked when a medication is not available who is responsible for the follow up. DON B stated the initial follow up if it doesn't come from the pharmacy is the floor nurses. The next day if it is not there then it would be the ADON or myself. Surveyor asked DON B who is responsible for reviewing the MAR and seeing what is happening with the medication. DON stated the ADON or myself (DON B). Surveyor asked DON B in reading this note from the pharmacy it looks like the Trelegy was supposed to be sent out on 6/2/26, can you help me understand why it was not sent out. DON B stated it was either not available or not cost-effective. Surveyor asked DON B would you expect that this medication should have been followed up on with pharmacy when it was not received. DON B stated absolutely. |

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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure Residents are free of any significant medication errors for 1 of 3 residents (R3) reviewed for medication errors.R3 did not receive her time-sensitive medication during the scheduled administration window 38 times between the dates of 5/1/26 and 6/8/26.This is evidenced by:The facility policy, titled Medication Administration, dated 1/1/26, states in part: .Policy Explanation and Compliance Guidelines: .10. Ensure that the six rights of medication administration are followed: a. Right resident b. Right drug c. Right dosage d. Right route e. Right time f. Right documentation.12. Compare medication source.with MAR (Medication Administration Record) to verify resident name, medication name, form, dose, route and time.b. Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician.According to the National Institutes of Health National Library of Medicine (www.nih.gov), patients with Parkinson's disease require strict adherence to an individualized, timed medication regimen . Dosing intervals are specific to each individual patient because of the complexity of the disease. When medications are not administered on time and according to the patient's unique schedule, patients may experience an immediate increase in symptoms. Delaying medications . can cause patients with Parkinson's disease to experience worsening tremors, increased rigidity, loss of balance, confusion, agitation, and difficulty communicating. R3 was admitted to the facility on [DATE] with diagnoses that include, in part: Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors).R3's most recent quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 3/6/26, indicates her BIMS (Brief Interview for Mental Status) score is 14 out of 15, indicating she is cognitively intact.On 6/8/26 at 12:03 PM, Surveyor spoke with R3. R3 indicated she does not always get her medications when they are scheduled.Surveyor reviewed R3's MAR from 5/1/26 to 6/8/26 and noted the following:Order: Carbidopa-Levodopa (medication for managing Parkinson's disease) tablet; 25-100 mg (milligrams); Amount to administer: 2 tablets; oral. Frequency: Four times a day. Administration times: Morning (6:00 AM - 7:00 AM), Noon (11:00 AM - 12:00 PM), Evening (4:00 PM - 5:00 PM), Bedtime (9:00 PM - 10:00 PM). Diagnosis: Parkinson's disease. Start date: 10/9/25.The following Carbidopa-Levodopa administrations for R3 were given late:-5/1/26: 6:00 AM - 7:00 AM dose was administered at 9:28 AM-5/3/26: 9:00 PM - 10:00 PM dose was administered at 12:04 AM on 5/4/26 with the comment: Late Administration: Other / Comment: previous shift.-5/4/26: 6:00 AM - 7:00 AM dose was administered at 9:27 AM-5/4/26: 11:00 AM - 12:00 PM dose was administered at 1:53 PM-5/5/26: 6:00 AM - 7:00 AM dose was administered at 9:57 AM-5/6/26: 6:00 AM - 7:00 AM dose was administered at 8:59 AM-5/7/26: 6:00 AM - 7:00 AM dose was administered at 9:14 AM-5/8/26: 6:00 AM - 7:00 AM dose was administered at 9:13 AM-5/9/26: 6:00 AM - 7:00 AM dose was administered at 8:17 AM-5/9/26: 4:00 PM - 5:00 PM dose was administered at 5:59 PM-5/11/26: 6:00 AM - 7:00 AM dose was administered at 9:10 AM-5/12/26: 6:00 AM - 7:00 AM dose was administered at 9:13 AM-5/13/26: 6:00 AM - 7:00 AM dose was administered at 9:10 AM-5/14/26: 6:00 AM - 7:00 AM dose was administered at 9:29 AM-5/15/26: 6:00 AM - 7:00 AM dose was administered at 8:46 AM-5/19/26: 6:00 AM - 7:00 AM dose was administered at 10:05 AM-5/20/26: 6:00 AM - 7:00 AM dose was administered at 9:01 AM-5/21/26: 6:00 AM - 7:00 AM dose was administered at 9:35 AM-5/22/26: 6:00 AM - 7:00 AM dose was administered at 9:47 AM-5/23/26: 6:00 AM - 7:00 AM dose was administered at 9:32 AM-5/24/26: 6:00 AM - 7:00 AM dose was administered at 8:48 AM-5/25/26: 6:00 AM - 7:00 AM dose was administered at 9:14 AM-5/26/26: 6:00 AM - 7:00 AM dose was administered at 9:29 AM-5/27/26: 6:00 AM - 7:00 AM dose was administered at 9:17 AM-5/28/26: 6:00 AM - 7:00 AM dose was administered at 8:57 AM-5/29/26: 6:00 AM - 7:00 AM dose was administered at 9:49 AM-5/30/26: 6:00 AM - 7:00 AM dose was administered at 8:50 AM-5/31/26: 6:00 AM - 7:00 AM dose was administered at 9:55 AM-6/1/26: 6:00 AM - 7:00 AM dose was administered at 8:27 AM-6/2/26: 6:00 AM - 7:00 AM<br>(continued on next page) |

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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | dose was administered at 9:44 AM-6/4/26: 6:00 AM - 7:00 AM dose was administered at 9:54 AM-6/4/26: 4:00 PM - 5:00 PM dose was administered at 7:16 PM-6/5/26: 6:00 AM - 7:00 AM dose was administered at 9:25 AM-6/6/26: 6:00 AM - 7:00 AM dose was administered at 8:56 AM-6/6/26: 11:00 AM - 12:00 PM dose was administered at 1:34 PM-6/6/26: 4:00 PM - 5:00 PM dose was administered at 6:58 PM-6/7/26: 6:00 AM - 7:00 AM dose was administered at 8:50 AM-6/8/26: 6:00 AM - 7:00 AM dose was administered at 8:49 AM On 6/8/26 at 4:00 PM, Surveyor spoke with LPN D (Licensed Practical Nurse) via telephone, as R3's MAR indicated LPN D had been responsible for 26 of the 38 late Carbidopa-Levodopa administration times. Surveyor asked LPN D about her process for administering medications to residents and charting the administration times. LPN D indicated she prepares the medications and checks given immediately after they are administered. Surveyor asked LPN D if the charting reflects that a medication scheduled from 6:00 AM - 7:00 AM is given at 9:28 AM, is that when it was given? LPN D said yes.On 6/8/26 at 5:08 PM, Surveyor spoke with DON B (Director of Nursing). DON B reviewed the late administration times for R3's Carbidopa-Levodopa. DON B indicated she would expect staff to prioritize giving this medication so it is within the scheduled window. DON B indicated she would work on educating staff about this. |

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| F 0808<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure therapeutic diets prescribed by the attending physician are entered and followed for 1 of 3 residents reviewed (R1). R1 did not have therapeutic diet entered as ordered. This is evidenced by: The Facilities Policy and Procedure entitled Therapeutic Diet Orders dated 1/1/26 documents in part; The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician .Therapeutic Diet is a diet ordered by a physician .as part of treatment for a disease or clinical condition. It also may be ordered to eliminate, decrease or increase specific nutrients in the diet. Examples include low salt, diabetic, or low cholesterol diets . R1 was a short-term admission to the facility and was admitted on [DATE]. R1 has the following diagnoses: metabolic encephalopathy (altered brain function or structure caused by systemic chemical imbalances, organ failure, or toxins), chronic obstructive pulmonary disease (long-term lung condition), systolic (congestive) heart failure (heart's left ventricle weakens and can't contract forcefully enough to pump adequate, oxygen-rich blood to the body), persistent atrial fibrillation (continuous irregular heart rhythm), essential (primary) hypertension (chronic blood pressure), coronary atherosclerosis due to lipid rich plaque (fatty, cholesterol-filled deposits have built up in the heart's arteries), hyperlipidemia (high cholesterol and triglyceride levels), type 2 diabetes mellitus with neuropathy, morbid (severe) obesity due to excess calories (chronic condition where the body stores more calories as fat than it burns during daily energy expenditure), and primary pulmonary hypertension (rare, progressive lung disorder characterized by high blood pressure in the pulmonary arteries). R1's After Visit Summary, dated 4/19/26-4/27/26 has a section on page two that documents, in part: Read these attachment, Carbohydrate Counting for Diabetes Mellitus Adult (ENGLISH), Fluid Restriction (ENGLISH) . R1's Hospital Discharge summary dated [DATE] has R1's diet listed as Diet: cardiac. R1's physician orders at the facility dated 4/27/26 documents .Diet: Controlled Carbohydrate Diet . (Of note this order does not match R1's hospital discharge paperwork, no documentation was provided regarding a provider changing R1's diet from cardiac to controlled carbohydrate.) On 6/8/26 at 4:43 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B What diet order R1 has documented in the discharge summary, DON B said cardiac. Surveyor asked DON B where the order for the controlled carbohydrate diet came from, DON B replied she would need to look into that. On 6/8/26 at 5:08 PM, Surveyor interviewed DON B. Surveyor asked DON B what she found out about the diet that was entered in for R1, DON B explained that she thinks the staff read the After Visit Summary document where on page 2 it has Carbohydrate Counting for Diabetes Mellitus. Surveyor asked DON B if R1 should have had cardiac diet entered based on his discharge summary, DON B stated yes. |