

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2025
NAME OF PROVIDER OR SUPPLIER  Frederic Nursing and Rehab Community		STREET ADDRESS, CITY, STATE, ZIP CODE 205 United Way Frederic, WI 54837	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility did not ensure residents received services in the facility with reasonable accommodation of resident needs reviewed for 1 of 12 residents (R), R5.</p> <p>R5's call light was observed to be out of reach and cord not long enough to reach bed.</p> <p>This is evidenced by:</p> <p>R5 was admitted to the facility on [DATE], with pertinent diagnoses of memory deficit following other cerebrovascular disease, age-related osteoporosis, nonexudative age-related macular degeneration, diabetes mellitus type 2, and long-term use of anticoagulants.</p> <p>R5's most recent quarterly Minimum Data Set (MDS) assessment, dated 04/03/25, noted a Brief Interview for Mental Status (BIMS) score of 10/15, indicating moderate cognition impairment, makes self-understood and understands others. R5 is noted to have no impairment in range of motion, uses a walker for mobility, is independent with most ADLs, but requires supervision with shower/bathing. R1 is noted have shortness of breath with exertion and has had no falls since admission or prior assessment.</p> <p>R5's care plan, dated 06/26/24, with a target date of 07/11/25, states: Resident has potential for falls with interventions to keep call light within reach, remind to use call light and wait for assistance, keep light witch cord within reach while in bed to enable adequate lighting .</p> <p>On 07/01/25 at 10:33 AM, Surveyor observed R5 sitting in recliner in room with call light attached to the back of the head rest. Call light cord was connected to the wall behind the recliner. R5's bed was located on the opposite side of the room from the call light approximately 8 feet away. Surveyor asked R5 if staff ensure the call light is within reach whenever leaving the room. R5 stated that she doesn't usually use the call light, and it does not reach all the way to the bed. Surveyor asked R5 how she alerts staff if she needs assistance. R5 stated she usually just goes out into the hallway or to the nurse's station if she needs something.</p> <p>On 07/01/25 at 3:32 PM, Surveyor interviewed Certified Nursing Assistant (CNA) E regarding R5's call light. Surveyor asked CNA E if staff ensure R5's call light is within reach when leaving room. CNA E stated R5 doesn't really use the call light, but it is attached to the recliner if needed. Surveyor asked CNA E if staff ensure R5 has the call light while in bed. CNA E stated not being sure. Surveyor asked CNA E to demonstrate that the call light can reach to R5's bed. Surveyor observed that the call light cord was approximately 12 inches away from the bed when stretched to its full length and would not reach R5's bed.</p> <p>(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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/01/25 at 5:20 PM, Surveyor interviewed Director of Nursing (DON) B regarding call lights. DON B stated all residents should have call light in reach. If concerns arise regarding room size, there are longer call light cords available. Surveyor asked DON B what the process is for independent residents who do not like to use the call light. DON B stated their care plan would be updated to include other measures of safety, such as more frequent rounding, ensuring a phone is readily available to communicate with staff, or another individualized intervention would be implemented. Surveyor asked DON B if she was aware that R5's call light was not long enough to reach her bed. DON B stated no. Surveyor asked if this had been assessed and care planned. DON B stated no. DON B acknowledged this was a problem and presented a potential risk to R5 and would be addressed.</p>		

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<p>F 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on record review and interview, the facility did not ensure residents/representatives were notified of the rate to reserve the resident's bed and was not documented in the Wisconsin Bed Hold and Notice of Transfer. This has the potential to affect all 53 residents.</p> <p>R4, R8, and R11 received a bed hold notice with no daily rate documented.</p> <p>This is evidenced by:</p> <p>Facility's policy titled Bed Hold with reviewed date of 01/25 read in part, .2. The facility shall provide the bed hold policy Acknowledgement to the resident or the resident representative with any resident initiated therapeutic leave or transfer to alternative healthcare community including a hospital admission. This acknowledgement will provide information to the resident and/or resident representative that explains the duration, the reserved bed payment policy and also facility permitting return of the resident to the next available bed .4. Bed-hold days in excess of our State Medicaid Plan are considered non-covered services. A resident will be required to pay for any additional days that he/she wishes the facility to hold the bed .6. Non-Medicaid residents will be required to provide the facility with written authorization to either reserve or release the bed space within 24 hours of the resident's transfer from the facility.</p> <p>On 06/15/25, R4 was transferred to the hospital and was issued a bed-hold acknowledgement notice with the revised date of 2/19/25. The notice documented and was checked, 1. I agree to pay the facility the continuing daily rate I am charged for the period of the resident's absence from the facility. I will notify the facility anytime during the absence if I do not want to continue holding the bed. Bed-hold charges will cease the day following removal of resident belongings. Surveyor noted this bed-hold acknowledgement notice did not document the rate of the bed hold charges.</p> <p>On 03/19/25, R8 was transferred to the emergency room by family member. On 03/20/25, the facility was notified of the transfer and the admission to the hospital and the bed-hold acknowledgement notice with revised date of 02/19/25 was sent. The notice documented and was checked by the representative, 1. I agree to pay the facility the continuing daily rate I am charged for the period of the resident's absence. Surveyor noted this bed-hold acknowledgement notice did not document the rate of the bed hold charges.</p> <p>R11 was on therapeutic leave from 04/16/25-04/23/25. R11's bed hold agreement, dated 04/16/25, was signed and checked by R11, 1. I agree to pay the facility the continuing daily rate I am charged for the period of the resident's absence. Surveyor noted this bed-hold acknowledgement notice did not document the rate of the bed hold charges.</p> <p>On 07/01/25 at 4:36 PM, Surveyor interviewed Nursing Home Administrator (NHA) A asking about the bed-hold acknowledgement notice daily rate. NHA A indicated the rate is reviewed with the resident or representative at the time of admission. Surveyor reviewed with NHA A and Director of Nursing (DON) B of the regulation of the rate to be documented on the notice and reviewed the facility's bed-hold acknowledgement notice of not having a rate listed.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility did not provide pharmaceutical services that ensure the accurate administering of all drugs and biologicals reviewed for 1 of 1 resident (R), R4.</p> <p>Findings include:</p> <p>Facility policy titled, Self-Administration of Medications reviewed January 2025, states, 1. If a resident request to self-administer medications, a licensed nurse will complete the Self-Administration of medication observation in the electronic health record.</p> <p>R4 was admitted to the facility on [DATE], with diagnoses including Alzheimer's disease, other lack of coordination, weakness, cataract, allergic rhinitis, and macular cyst.</p> <p>Minimum Data Set (MDS) dated [DATE] an admission assessment documented R4's Brief Interview for Mental Status (BIMS) score of 10/15, meaning cognition is moderately impaired. R4 requires staff supervision for hygiene.</p> <p>On 06/20/25, a self-administration of medication assessment was completed. The assessment was marked R4 does not want to self-administer medication. The rest of the assessment was not completed.</p> <p>On 07/01/25 at 10:37 AM, Surveyor interviewed R4 and observed 2 medications, fluticasone propionate nasal spray and loteprednol etabonate eye drops, on R4's over the bed tray table. Surveyor asked R4 if she administers the medications. R4 stated staff leave the medications for R4 to take and staff don't always return to pick up the medications. R4 stated usually R4 will bring the medications to the nurse in the hallway.</p> <p>Physician orders document fluticasone propionate spray, suspension; 50 mcg/actuation; amount: 1 spray; nasal, special instruction: Inhale 1 spray into affected nostril(s) once daily, 4:30 PM. Loteprednol etabonate drops, gel; 0.5%; amt: 1 drop left eye; ophthalmic eye. Special instructions: for eye inflammation, twice a day at 8:00 AM and 6:00 PM.</p> <p>On 07/01/25 at 4:38 PM, Surveyor interviewed Nursing Home Administrator (NHA) A about R4's medications left in room. Surveyor reviewed the observation of fluticasone and loteprednol eye drops on R4's over the bed tray table and R4 stating self-administering of the medications. NHA A stated an assessment would be completed for self-administering medications. Surveyor reviewed the assessment, dated 06/20/25, documented declining to self-administering medication and Surveyor requested a copy. NHA A stated the medication should not have been left in R4's room.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure immunizations were administered to 1 of 3 residents (R), R9 reviewed.</p> <p>R9 had a signed consent to receive the influenza, covid-19, and Respiratory Syncytial Virus (RSV) vaccination and never received it.</p> <p>This is evidenced by:</p> <p>Facility policy, titled Influenza Vaccine Policy, with a review date of 01/2025, states in part: It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from influenza by offering our residents, staff members, and volunteer workers annual immunization against influenza. Policy Explanation and Compliance Guidelines: 2. Influenza vaccinations will be routinely offered annually from October 1st through March 31st unless such immunization is medically contraindicated, the individual has already been immunized during this time period or refuses to receive the vaccine.</p> <p>Facility policy, titled Covid-19 Vaccine Program, with a reviewed date of 01/2025, states in part: It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from Covid-19 (SARS-CoV-2) by educating and offering our residents and staff the Covid-19 vaccine. Policy Explanation and Compliance Guidelines: 14. The facility will educate and offer the Covid-19 vaccine to residents, resident representatives and staff and maintain documentation of such.</p> <p>R9 was admitted to the facility on [DATE] with pertinent diagnoses of cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery and vascular dementia.</p> <p>R9's most recent discharge Minimum Data Set (MDS) assessment, dated 01/13/25, noted a Brief Interview for Mental Status (BIMS) score of 6/15, indicating severe cognitive impairment.</p> <p>Surveyor reviewed R9's physician orders and noted no orders for immunizations of influenza, covid-19, or RSV.</p> <p>Surveyor reviewed R9's Treatment Administration Record (TAR) and noted no administration of immunizations for influenza, covid-19, or RSV.</p> <p>Surveyor reviewed the Wisconsin Immunization Record (WIR) website and noted no immunizations were administered for R9 during R9's residency at the facility between 09/10/24 - 01/13/25.</p> <p>Surveyor reviewed R9's signed consents and noted the following:</p> <p>On 09/10/24, documentation states, Vaccination Consent Form - Multiple Vaccines, signed by R9's parent, giving consent to receive influenza, covid-19, and pneumococcal vaccinations.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/03/24, documentation states, Vaccination Consent Form - Multiple Vaccines, signed by R9's parent, giving consent to receive influenza, covid-19, and RSV. The pneumococcal vaccination did not have a 'yes' or 'no' identified. A handwritten note was on the bottom stating, Verbal consent 10/01/24.</p> <p>On 07/01/25 at 3:08 PM, Surveyor interviewed Director of Nursing (DON) B regarding R9's immunizations. Surveyor asked DON B about the differing signed consents in R9's EMR. DON B was unable to explain why there were two different consents. Surveyor asked DON B why this was not followed up on or clarified. DON B was unable to provide an answer. Surveyor asked DON B for documentation of administering R9's vaccinations. DON B was unable to provide documentation of the facility administering any vaccinations while R9 was in the facility and no explanation as to why it was not administered.</p>		