STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careview Health and Rehab of Minocqua	9969 Old Hwy 70 Rd Minocqua, WI 54548

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (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
	525678	A. Building B. Wing	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careview Health and Rehab of Minocqua	9969 Old Hwy 70 Rd Minocqua, WI 54548

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 2 or 4 sampled residents (R), R1 and R2The facility did not ensure that medication orders were transcribed accurately. R1 received wrong dose of medication. The facility did not ensure that medication was given according to physician orders. R2 did not receive medications on 2 occasions in the last 45 days. This is evidenced by:The facility policy, titled Administering Medication by MED-PASS, last revised December 2009 states, 3. Medication must be administered in accordance with the orders, including required time frame. 15. If a drug is withheld, refuse, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug dose.Example 1R1 was admitted to the facility on [DATE], after R1 fell at home and broke R1's hip, requiring surgical repair. R1's diagnoses also included high cholesterol, coronary artery disease, parkinsonism, poor function of the heart, an intracardiac thrombus (clot), and cognitive communication deficit. R1's Minimal Data Set (MDS) Assessment, dated 5/25/25, indicates that R1 is moderately cognitively impaired and dependent for mobility and transfers while she heals from hip surgery. R1 is able to eat and complete oral and personal hygiene with set up assistance. R1's care plan, dated 5/22/2025, states, Administered medications as ordered. Monitor/document for side effects and effectiveness. Surveyor reviewed R1's hospital discharge, dated 5/21/25, which documented R1's provider order for Aspirin (ASA) 81mg twice a day to prevent clotting. Surveyor reviewed R1's electronic Medication Administration Record (eMAR). R1 was admitted on [DATE] in the afternoon, and on 5/22/25, ASA 81mg once a day was transcribed into the eMAR incorrectly. ASA 81mg twice a day was not started until 6/9/25. R1 received the correct ASA dosing on 6/9/25 and 6/10/25. On 6/11/25, R1's order in the eMAR was changed back to the twice a day as originally ordered by R1's provider.On 7/16/25 at 11:22 AM, Surveyor interviewed Registered Nurse (RN) D who reviewed R1's medication orders with Surveyor. RN D stated the discharge orders for ASA for R1 were transcribed wrong by the admitting nurse, and R1 did not get the prescribed amount of medication until 6/9/25. R1 did not receive the correct dosing of ASA for the first few weeks of admission.Example 2R2 was admitted to the facility on [DATE]; diagnoses include paralysis in the right upper limb, nerve pain, osteoarthritis, high blood pressure and high cholesterol. R2 is admitted post stroke for rehabilitation and strengthening. R2's MDS dated [DATE] indicated that R2 is dependent for mobility, transfers and daily activities of living (such as toileting and hygiene). R2 is able feed himself with set up assistance. R2 is moderately impaired cognitively. R2's care plan, updated last 3/12/25, states, Administered medications as ordered. Monitor/document for side effects and effectiveness. Review of R2's medication orders indicates that R2 receives Carbamazepine and Famotidine in the evening (night shift per patient). Review of R2's eMAR shows that R2 did not receive his evening medication on 6/13/25 and 7/11/25. There are no progress notes documenting refusal, the eMAR is blank, the code for refusal is not present and resident was not out of the facility.On 7/16/25 at 11:22 AM, Surveyor interviewed RN D. RN D pulled up R2's eMAR and reviewed it with Surveyor, confirming that medications were not administered to R2 on 6/13/25 and 7/11/25 during PM shift. RN D stated that the working nurse should have documented the reason the medication was not given.On 7/16/25 at 11:25 AM, Surveyor interviewed Assisted Director of Nursing (ADON) C. ADON C stated her expectation is that staff follow orders as written by provider. ADON D stated that ADON D is aware of the event with R1's ASA and is planning to implement a new process. ADON C just started in her role yesterday and is learning and assessing practices. ADON C plans to implement a process in the next week, where a second nurse signs off orders transcribed into the electronic medical record to ensure transcription errors do not occur again. ADON C's expectation is that nurses document the outcome of medication administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careview Health and Rehab of Minocqua	9969 Old Hwy 70 Rd Minocqua, WI 54548

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility did not ensure continued monitoring of food's internal temperature. This has the potential to affect all 58 residents (R) in the facility.The facility policy, titled Food Temperatures, states: The temperature of all food items will be taken and properly recorded prior to service of each meal. Under the section labeled Procedures it states: 1. All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees Fahrenheit.On 07/15/25, Surveyor reviewed the facility Resident Council Meeting Minutes from May 13, 2025, which indicated concerns with food coming out late. Surveyor reviewed kitchen food logs, which show food temperatures are taken at the beginning and end of service with no concerns noted.On 07/16/25 at 8:55 AM, Surveyor observed kitchen staff load 1st tray for 300/400 hall into cart. Food service started in the 300 hallway. At 9:27 AM, the cart was pushed to 400 wing and last tray served at 9:32 AM to R7.Surveyor had requested a test tray and checked temperature of over-easy eggs immediately following R7 receiving tray and noted temperature of over-easy eggs was 107.2 degrees Fahrenheit using the facility's thermometer provided by Food Service Director (FSD) F.On 07/16/25 at 9:32 AM, Surveyor interviewed [NAME] E, who indicated R7 prefers eggs cooked over-easy for breakfast (of note, facility eggs are pasteurized). The eggs are placed on tray straight from the grill, so an internal temperature of eggs is not taken and was unaware of temperature of over-easy eggs prior to service to R7. Interview with R7 indicated R7 had no concerns with breakfast and consumed all of the eggs.