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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525678 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/03/2025 |
| NAME OF PROVIDER OR SUPPLIER Careview Health and Rehab of Minocqua | | STREET ADDRESS, CITY, STATE, ZIP CODE 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not provide Notice of Bedhold, Notice of Transfer and did not notify the Ombudsman of residents who transferred from the facility to a hospital for 3 of 3 residents (R) (R1, R3 and R4).Example 1</p> <p>R1 was admitted to the facility on [DATE] and has an Activated Power of Attorney.</p> <p>On 07/23/25, R1 had a change in condition as a result of a fall resulting in need to be transferred to the hospital for evaluation. A Bedhold, Notice of Transfers was not provided to R1's representative and the facility did not notify the Ombudsman of transfer.</p> <p>On 08/17/25, R1 had a change in condition as a result of a fall resulting in need to be transferred to the hospital for evaluation. A Bedhold, Notice of Transfers was not provided to R1's representative and the facility did not notify the Ombudsman of transfer.</p> <p>Example 2</p> <p>R3 was admitted to the facility on [DATE] and has a legal guardian.</p> <p>On 08/27/25, R3 had a change in condition and was transferred to the hospital. A Bedhold, Notice of Transfers was not provided to R1's representative and the facility did not notify the Ombudsman of transfer.</p> <p>Example 3</p> <p>R4 was admitted to the facility on [DATE] with pertinent diagnoses of multiple sclerosis and neurogenic bladder.</p> <p>Record review identified R4 as having intact cognition and was her own decision maker.</p> <p>Record review identified R4 was transferred to the hospital via ambulance on 07/20/25 due to new or worsening urinary incontinence with a suprapubic catheter in place. No bed-hold notice or written transfer notice was documented. No documentation for Ombudsman notification was noted.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 09/03/25 at 1:12 PM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding bed-hold notices, written transfer agreements, and Ombudsmen notifications. NHA A stated that bed-hold notices were given to residents in the facility admission packet and was unaware that a bed-hold must be given with each transfer. NHA A stated that no written notices of transfer were given to residents and was unaware this needed to be done. NHA A stated he was unable to provide documentation that the Ombudsman was notified for the transfer during the months of July and August 2025.</p> |

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| F 0690 Level of Harm - Actual harm Residents Affected - Few | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. (continued on next page) |

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| F 0690 Level of Harm - Actual harm Residents Affected - Few | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure residents (R) with indwelling Foley catheters received care and treatment consistent with professional standards of practice to prevent complications or urinary tract infections (UTI) from the catheter for 3 of 3 residents (R4) reviewed.-R4's suprapubic catheter output was not monitored per physician's order and assessments not completed per professional standards of practice. R4 was transferred to the hospital on [DATE] after 2 days of increased incontinence, and hospitalized for four days with a Urinary Tract Infection. This example is cited at actual harm.-R2's Foley catheter output was not monitored per physician orders.-R5's suprapubic catheter output was not monitored per physician orders.This is evidenced by:Facility policy titled, Catheter Care, Urinary, with a revised date of 04/2010, states in part: The purpose of this procedure is to prevent catheter-associated urinary tract infections. Input/Output: 1. Observe the resident's urine level for noticeable increases or decrease. If the level stays the same, or increases rapidly, report it to the physician or supervisor. 2. Maintain an accurate record of the resident's daily output, per facility policy and procedure. Complications: 1. Observe the resident for complications associated with urinary catheters.Facility policy titled, Output, Measuring and Recording, with a revised date of 09/2005, states in part: The purpose of this procedure is to accurately determine the amount of urine that a resident excretes in a 24-hour period. 1. Verify that there is a physician's order for this procedure and/or that the procedure is being performed per facility policy. 2. Review the resident's care plan and provide for any special needs of the resident. Reporting: 2. Report other information in accordance with facility policy and professional standards of practice.According to Lippincott Nursing 2025, professional standards of nursing care for suprapubic catheter include: inspecting catheter for patency, measure urine output at least every 8 hours, and to notify the health care provider immediately if the catheter stops draining or leaking of urine is noticed.Example 1R4 was admitted to the facility on [DATE] with pertinent diagnoses of multiple sclerosis and neurogenic bladder.R4's most recent Minimum Data Set (MDS) assessment, dated 05/07/25, noted a Brief Interview for Mental Status (BIMS) score of 13, indicating cognition is intact. R4 has an indwelling catheter and is always incontinent.R4's care plan, dated 02/08/24, with a target date of 08/21/25, states: Monitor and report output to nurse every shift. CATHETER: Catheter cares, Output every shift and prn. Notify the nurse if no urine output in eight hours.R4's physician orders:5/17/25 SP: Document SP catheter output every shift EVERY SHIFT5/16/25 SP: Change SP catheter PRN dislodgement or occlusion. PRN5/17/25 SP: Document Urine color q shift: N-no color PY-pale straw yellow [NAME]-translucent yellow [NAME]-dark yellow A-amber BO-burnt orange R-red BG-blue/green. EVERY SHIFT6/12/25 SP: Suprapubic catheter size 16 Fr with 10 cc balloon related to Diagnosis of Neuromuscular dysfunction of bladder5/20/25 IC: Enhanced Barrier Precautions related to: SP catheter every shift5/16/25 SP: Cleanse SP catheter site with NS, pat dry, leave open to air/cover with gauze dressing and secure with tape every day shift AND as neededSurveyor reviewed R4's nurse administration record for July 2025:-Of note: the facility documents dayshift as 12-hours and night shift as 12-hours.07/01/25: Urine output for night shift was documented as zero. No documentation of notifying provider. No additional assessments were noted.07/02/25: No documentation was noted for urine output. No additional assessments were noted. 07/03/25: No documentation of urine output was noted for the day shift. No additional assessments were noted.07/05/25: Urine output for night shift was documented as zero. No documentation of notifying provider. No additional assessments were noted.07/06/25: Urine output for night shift was documented as zero. No documentation of notifying provider. No additional assessments were noted.07/10/25: Urine output for night shift was documented as zero. No documentation of notifying provider. No additional assessments were noted.07/11/25: Urine output for night shift was documented as zero. No documentation of notifying provider. No additional assessments were noted.07/14/25: Urine output for day shift was documented as zero. No documentation of notifying provider. No additional assessments were noted.07/16/25: Urine output for both day and night shift was documented as zero. No documentation of notifying provider. No additional assessments were noted.07/19/25: Urine output for night shift was documented as zero. No documentation of notifying provider. No additional assessments were noted.Surveyor reviewed R4's nursing notes:07/20/25 Certified Nursing Assistant (CNA) reported resident's supra pubic catheter had not been draining, writer assessed resident noting moderate build up in cath. Resident stated it had not been draining well for 2 days and she had large amounts of urine in her briefs coming from her bladder. Writer undated provider to</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview and record review, the facility did not ensure all drugs and biologicals were stored and labeled in accordance with currently accepted professional principles for 1 of 3 residents (R) reviewed (R1).-Medication storage room had R1's lorazepam, with an opened date of 12/01/24, stored in unlocked refrigerator.-Medication storage room had 2 open, unlabeled bottles of eye drops in refrigerator. -Medication storage room had 4 opened boxes of expired intermittent catheters.This is evidenced by:Facility policy titled, Storage of Medications, with a revised date of 04/2007, states in part: The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. 7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biologicals shall be locked when not in use.9. Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses's station or other secured location Medications must be stored separately from food and must be labeled accordingly.Facility policy titled, Discarding and Destroying Medications, with a revised date of 04/2007, states in part: All controlled substances shall be retained in a securely locked area with restricted access until authorized individuals destroy them.On 09/02/25 at 10:19 AM, Surveyor observed Certified Medication Aide (CMA) C prepping medications at the med cart in hall 200. Surveyor asked CMA C how resident meds are stored. CMA C showed Surveyor the drawers being organized by resident room number. All medications were labeled and dated. On 09/02/25 at 10:34 AM, Surveyor interviewed Licensed Practical Nurse (LPN) D regarding medication storage. LPN D stated only nurses have access to the medication room and demonstrated entry into locked med storage room. Surveyor asked LPN D where catheters were stored. LPN D began opening cabinet doors in med storage room and pointed to some open boxes. Surveyor observed multiple boxes of various sized intermittent catheters. Surveyor asked LPN D how she knew if catheter was expired. LPN D picked up one of the packaged catheters and looked at the labels and stated she did not know, but that it looked like the one she was holding might be expired. Surveyor asked if any residents were currently using intermittent catheters. LPN D stated not being sure, but did not use any recently.On 09/02/25 at 11:06 AM, Surveyor entered medication room with Director of Nursing (DON) B. Surveyor observed small refrigerator located next to medication dispenser system. A lock was noted on top of refrigerator that was not secured. Surveyor asked DON B to open refrigerator to observe items inside. DON B opened the refrigerator without having to unlock it. Surveyor observed one medication inside. DON B removed the medication. Surveyor observed it to be lorazepam, and it was labeled with R1's information. The bottle was noted as opened on 12/01/24. DON B stated this medication should not be in there as it was expired. Surveyor asked DON B if the refrigerator should be locked. DON B stated that it should be.Surveyor then observed another larger refrigerator in the medication room and observed 2 opened bottles of eye drops inside. One was noted to be latanoprost ophthalmic solution with no label or open date. On the side of the bottle, PM was written. The other bottle was noted to be timolol maleate with no label or open date. On the side of this bottle, AM was written. Surveyor asked DON B what these medications were. DON B stated she did not know, but acknowledged they should be labeled.Surveyor continued to observe the medication room storage cabinets and observed 4 opened boxes of intermittent catheter supplies. The expiration date noted on 3 of the boxes was 05/31/2020. The expiration on one of the boxes was 07/05/2020. Surveyor asked DON B to note the expiration date on the catheter supplies. DON B stated recognition that they were expired and shouldn't be in the cabinet. DON B stated these would be removed.</p> | | |