

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 11/17/2025
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview, observation and record review, the facility did not designate a registered nurse to serve as the Director of Nursing. This had the potential to affect all 48 residents in the facility. The facility's Director of Nursing is not a registered nurse. Findings: The State Operations Manual (SOM), Appendix PP states, except when waived under paragraph (f) or (g) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full-time basis. On 11/17/25, Surveyor investigated a complaint the facility's Director of Nursing (DON) was a licensed practical nurse (LPN) and not a registered nurse (RN) as required. Surveyor reviewed the facility's complaints since 07/05/25, including the following during which time an LPN (current DON B) was serving as the DON.-07/15/25, a complaint investigation was completed by the State Agency (SA), resulting in citations related to pharmacy services and food procurement. -09/02/25, a complaint investigation was completed by the SA, resulting in citations for concerns related to catheter care at a level of actual harm that is not immediate, and bedhold, notice of transfer, and Ombudsman notification. -10/20/25, a complaint investigation was completed, resulting in citations related to cardiopulmonary resuscitation (CPR), intravenous fluids, pharmacy services, medication errors, and quality assurance activities. Surveyor reviewed the facility grievance log for July, August, September, October, and November. Surveyor noted the following during which time an LPN (current DON B) was serving as the DON.-July, 5 grievances-August, 12 grievances-September, 15 grievances-October, 26 grievances-November, 1 grievance Surveyor interviewed Assistant Nursing Home Administrator (ANHA) C. ANHA C reported DON H resigned from her DON position on 07/05/25. ANHA C confirmed current DON B was hired on 08/04/25. ANHA C confirmed DON B was not an RN and was an LPN. On 11/17/25 at 11:11 AM, Surveyor interviewed Assistant Director of Nursing (ADON) D. ADON D reported between DON H resigning and DON B starting, there was no DON. ADON D stated, For a month it was just me. Surveyor confirmed ADON D was an LPN.</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 0731</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Request a waiver if it can't meet the nurse staffing requirements.</p> <p>Based on interview and record review, the facility did not request a waiver when unable to meet the requirements of recruiting appropriate personnel. This had the potential to affect all 48 residents in the facility. The facility did not request a waiver when unable to recruit a registered nurse for the Director of Nurse's position. Findings include: The facility requested a waiver related to the requirement for the Director of Nursing (DON) be a registered nurse. Waiver was requested on 10/22/25. DON H resigned from her DON position on 07/05/25. The facility had been without a registered nurse as the DON since 07/05/25. On 10/22/25, the State Agency (SA) denied the facility's request and asked the facility to provide evidence of the following: -S483.35(f)(1) The facility demonstrates to the satisfaction of the State that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel. -S483.35(f)(2) The State determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility. -S483.35(f)(3) The State finds that, for any periods in which licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility. The facility did not respond to communication with the SA, nor did the facility provide the additional information requested by the SA. On 11/17/25, Surveyor completed an on-site investigation and determined the DON was not a registered nurse and did not meet the state and federal requirements. On 11/17/25 at 1:02 PM, Surveyor interviewed Nursing Home Administrator (NHA) A. NHA A confirmed he did not submit an additional request for a waiver with the information requested by the SA.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observation, interview, and record review the facility did not ensure all portions of the call light system were working properly. This had the potential to affect all 48 residents. The facility's call light system was not working at the nurse's station. The call light system's auditory alarms were not working. Findings include: On 11/17/25 at 9:02 AM, Surveyor observed call lights on the 400 hall were activated and not sounding. Surveyor then observed call lights were activated but not sounding on all resident halls of the facility, 100, 200, 300, and 400. Surveyor observed the call light system at the nurse's station was not lit up and or alerting staff call lights were activated. On 11/17/25 at 9:27 AM, Surveyor received electronic communication from Ombudsman F there were concerns related to call light wait times. On 11/17/25 at 9:54 AM, Surveyor interviewed R3. R3 reported the facility's call light system had not been working for about five weeks, and stated the nurses are not notified of call lights at the nurse's station and the call lights do not alarm. R3 stated he reported this to staff about two weeks ago, but it was still not fixed. On 11/17/25 at 10:07 AM, Surveyor interviewed Family Member (FM) G. FM G reported when visiting she has witnessed staff take 40 minutes to answer a call light. FM G reported she has gone to the nurse's station to request assistance and staff have ignored her. FM G stated when she is not present residents have stated they have to go out to the hall and yell for staff to receive assistance. On 11/17/25 at 10:20 AM, Surveyor interviewed Assistant Director of Nursing (ADON) D. ADON D confirmed the call light system was not working at the nurse's station. On 11/17/25 at 10:27 AM, Surveyor interviewed R2. R2 reported call light wait times are sometimes an hour. On 11/17/25 at 11:49 AM, Surveyor interviewed Assistant Nursing Home Administrator (ANHA) C. ANHA C reported the call lights light up, but the sound does not work. ANHA C reported she was told by NHA A if the lights were working the call light system was working properly to alert staff. On 11/17/25 at 12:31 PM, Surveyor interviewed Maintenance Staff E. Maintenance Staff E reported the call light system has not been working at the nurse's station or alarming since the end of September or early October. Maintenance Staff E reported the parts needed are no longer made so refurbished parts have been purchased. Maintenance Staff E stated he has received two parts which did not work, and one part which was received today, and he was attempting to fix the system. Maintenance Staff E provided Surveyor with invoices attempting to fix the call light system. Surveyor received the following: -10/28/25, a quote for call light system console.-11/04/25, a call light system console was delivered to the facility.-11/17/25, a call light system console was delivered to the facility. On 11/17/25, Surveyor reviewed facility grievance log and noted five grievances filed in October related to call lights.</p>		