

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 04/23/2026
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility did not ensure a resident is free from verbal abuse perpetrated by a resident for 1 (R12) of 5 residents reviewed for abuse. On 3/29/26, R11 was heard verbally yelling and threatening R12 to shut up and if R12 did not shut up R11 would help R12 to shut up. Findings include:The facility policy titled, Abuse Prevention Program, dated August 2006, states: Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The facility policy titled, Reporting Abuse to Facility Management, dated April 2010, states:2. To help with recognition of incidents of abuse, the following definitions of abuse are provided:b. Verbal abuse is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.13. A completed copy of documentation forms and written statements from witnesses, if any, must be provided to the Administrator within ___ hours of the occurrence of an incident of suspected abuse. An immediate investigation will be made a copy of the findings of such investigation will be provided to the Administrator within ___ working days of the occurrence of such incident. (Policy has these blanks, they are not completed in copy provided to surveyor.)Per State Operations Manual Appendix PP, revised 8/8/24, it states, A resident-to-resident altercation should be reviewed as a potential situation of abuse. Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions. Nursing homes are mandated to protect residents from abuse, including resident-to resident altercations. Facilities must investigate all incidents, assess residents for injuries, develop care plans to prevent recurrence, and report incidents.R11 was admitted to the facility on [DATE] and has diagnoses that include alcohol abuse with intoxication, atrial fibrillation, chronic obstructive pulmonary disorder and sepsis. R11's Minimum Data Set (MDS) assessment, dated 2/23/26, indicated that R11 has clear speech, is easily understood and understands others. R11's Brief Interview for Mental Status (BIMS) scored a 12/15, meaning he is moderately cognitively impaired. R11 has no hallucinations, delusions or reported behaviors per the MDS. R11 requires partial to substantial assistance for personal care and activities of daily living. R11 can ambulate independently with a walker.R11's care plan dated initiated 2/18/26 and last revised on 3/16/26 has no care plan related to behaviors or interventions related to resident-to-resident altercations or incidents.R12 was admitted to the facility 2/6/23, and has diagnoses that include age related cognitive decline, malignant neoplasm of bladder, type 2 diabetes, prosthetic heart valve, and chronic kidney disease. R12's MDS, dated [DATE], indicated that R12 has clear speech, is easily understood and understand others. R12's BIMS was an 8/15, indicating that R12 is moderately cognitively impaired. R12 has no hallucinations, delusions or reported behaviors per the MDS. R12 needs partial to substantial assistance for hygiene and activities of daily living and touching supervision to dependent for assistance related to mobility.R12's care plan initiated 4/20/24 and revised on 5/20/24, states: [R12] has the potential to be physically aggressive r/t (related to) poor impulse control.Analyze times of day, places, circumstances, triggers, and what de-escalates (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
---	-------	-----------

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 04/23/2026
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>behaviors and document. Date initiated 5/20/24. When the resident becomes agitated: intervene before agitation escalates; guide away from source of distress; engage calmly in conversation; if response is aggressive, staff to walk calmly away, and approach later. Date initiated 5/20/24. On 4/22/26 at 6:12 PM, Surveyor interviewed Certified Nursing Assistant (CNA) G regarding potential abuse in the facility and procedures for staff. CNA G stated there was an altercation between two residents, R11 and R12. CNA G stated R11 was heard yelling at R12, telling R12 to shut up or R11 would help R12 shut up. CNA G stated that R12 had fallen while R11 was yelling at him. CNA G stated no one witnessed the fall, but we all heard them yelling and the RN on duty knew about it. CNA G is not aware of any care planned interventions to monitor R11 and R12 when together or to keep them apart. On 4/23/26 at 10:08 AM, Surveyor interviewed R11 who stated that R12 just lives down the hall. R11 says we visit sometimes. R11 stated that R12 gets loud sometimes and irritates R11. R11 states I just yell at R12 to shut up. R11 stated I don't think I'd hurt him but wanted R12 to shut up. R11 states he doesn't know if R12 has ever fallen in the dining room. On 4/23/26 at 10:16 AM, Surveyor interviewed R12 who was unable to answer Surveyor's questions. R12 could not state if R12 had fallen in the dining room or ever argued with anyone in the dining room. R12 was able to state he feels safe and is not afraid of any staff or residents. R12 stated yes when asked if he knew who R11 was. R12 did not make any other response and walked away from Surveyor. On 4/23/26 at 10:30 AM, Surveyor reviewed R11 and R12's progress notes, medical records and care plans. There is no documentation in R11 or R12's medical record regarding an altercation between R11 and R12. On 4/23/26 at 12:37 PM, Surveyor interviewed Social Services Director (SSD) I who stated SSD I was not here when R11 was yelling at R12. SSD I started hearing about it. SSD I stated R12 can be loud, loves to sing, is repetitive, although he hasn't been doing that this week. SSD I stated that R11 gets irritated by R12 and has been heard yelling at R11 to shut up. SSD I stated she would not be surprised if the yelling was loud or that R11 told R12 to shut up. Surveyor told SSD I that one CNA told Surveyor that R11 was heard telling R12 he would help shut him up. SSD I said I wouldn't be surprised. SSD I doesn't know exactly what was said and believes that R11 was on other side of the dining room from R12 when R12 fell. SSD I stated that R12 is unsteady on his feet and not compliant with using his wheelchair. SSD I looked in computer and identified that the fall in dining room was documented 3/29/26. SSD I stated the usual procedure is the CNA lets the nurse know, the nurse would report it to the Director of Nursing (DON) or Nursing Home Administrator (NHA), and the NHA would start the investigation. On 4/23/26 at 1:22 PM, Surveyor interviewed Licensed Practical Nurse (LPN) J who was reported to be the nurse working the evening of incident between R11 and R12. LPN J stated I did not witness the situation, she heard R11 yelling at R12, everyone did. LPN J stated she doesn't recall what was said but could hear they were yelling in the dining room and LPN J was on the unit. LPN J stated R11 and R12 were in the dining room and it happened before LPN J got into the dining room. LPN J stated she was told by staff that R11 had fallen. LPN J stated she went into the dining room for that reason, R11 was not standing by R12. LPN J stated I'm not sure R11 was still in the dining room anymore. LPN J stated she reported the fall, and we all talked about hearing them yell at each other. LPN J is not aware of any care planned interventions to monitor R11 and R12 when together or to keep them apart. On 4/23/26 at 12:49 PM, Surveyor interviewed Director of Nursing (DON) B regarding resident-to-resident abuse. DON B stated in response, I just did an all staff regarding that and on what abuse is. DON B stated that when there is a resident-to-resident altercation we try to separate them. We would have moved R11 and R12 apart. DON B stated she remembers when it was reported that they were yelling in the dining room. DON B is not certain of the date but stated R12 fell that day too. They were hollering at each other. DON B stated I don't think they are related. DON B states whenever there is an incident her staff let her know they are very good about that. DON B states that she then lets NHA A know and gets direction from NHA A. Usually NHA A does the investigation and interviews. DON B stated Surveyor should ask NHA A about the investigation. DON B stated the care plan would be adjusted if there was a need. DON B stated we would have investigated the fall. Surveyor asked DON (continued on next page)</p>		

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 04/23/2026
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B for the fall investigation report and the schedule from 3/29/26. The schedule for 3/29/26 was not provided with schedules for this week. On 4/23/26 at 12:59 PM, Surveyor interviewed NHA A regarding abuse, investigations, and reporting. NHA A stated you report to State when there is abuse, neglect, falls with injury, elopements and misappropriation. NHA A stated yes, you would report resident to resident physical altercations. Surveyor asked what about verbal. NHA A stated only if emotional or mental distress is noted. NHA A expects staff to communicate with NHA A, and he will assess the situation and complete investigation. Surveyor asked if there was an investigation regarding the incident between R11 and R12 in the dining room on 3/29/26. NHA A stated there was no formal investigation, they were just yelling at each other. I only do paper documentation if it is reportable. NHA A stated if I am told about things I investigate them but do not always document it, everyone is fine. Surveyor asked NHA A what constitutes verbal abuse. NHA states when someone is yelling threatening things. Surveyor asked what they were yelling about, do you have documentation that says what was said. NHA A stated no, they were just yelling. If I investigated every time someone yelled at someone that is all I would do. I can't do that. Surveyor asked clarifying question to which NHA A stated yes it was in the dining room and unwitnessed. Staff heard the altercation. On 4/23/26 at 1:12 PM Surveyor reviewed the fall report NHA A provided. The fall report did not mention anything about R11 and R12 yelling in the dining room. On 4/23/26 at 2:32 PM, DON B brought Surveyor a 1 page document that was created on 4/23/26. It was unclear what the document was referencing, and it was not signed by the creator either. Surveyor took it back to DON B who stated she just did it. DON B wrote on the form the date of the incident between R11 and R12. DON B stated she just found out the details of the incident and completed an interview because Surveyor brought it to her attention. Surveyor stated to DON B it is my understanding you were aware R11 and R12 were yelling at each other in the dining room on 3/29/26.</p>		

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 04/23/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility did not ensure a thorough investigation of an allegation of abuse for 1 of 1 abuse investigations reviewed involving (R11 and R12). On 3/29/26, the facility was made aware that R12 yelled at R11 to shut up and if R12 did not shut up R11 would help R12 to shut up.~ There was no formal investigation of the incident.~ There was no care plan intervention to protect R11 from R12 from further verbal abuse. \Findings include:The facility policy titled, Abuse Prevention Program, dated August 2006, states: Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The facility policy titled, Reporting Abuse to Facility Management, dated April 2010, states: It is the responsibility of our employees, facility of our employees, . To promptly report any incident or suspected incident of neglect or resident abuse.2. To help with recognition of incidents of abuse, the following definitions of abuse are provided:b. Verbal abuse is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.13. A completed copy of documentation forms and written statements from witnesses, if any, must be provided to the Administrator within ___ hours of the occurrence of an incident of suspected abuse. An immediate investigation will be made a copy of the findings of such investigation will be provided to the Administrator within ___ working days of the occurrence of such incident. The facility policy titled Abuse Investigations, dated April 2010, states: All reports of resident abuse, neglect and injuries of unknown source shall be promptly and thoroughly investigated by facility management.6. The individual in charge of the abuse investigation will notify the ombudsman that an abuse investigation is being conducted.12. The result of the investigation will be recorded on approved documentation forms.15. The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency, the local police department, the ombudsman, and others as may be required by state or local laws, within five (5) working days of the reported incident. Per State Operations Manual Appendix PP, revised 8/8/24, it states, A resident-to-resident altercation should be reviewed as a potential situation of abuse. Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions. Nursing homes are mandated to protect residents from abuse, including resident-to resident altercations. Facilities must investigate all incidents, assess residents for injures, develop care plans to prevent recurrence, and report incidents. On 4/22/26 at 6:12 PM, Surveyor interviewed Certified Nursing Assistant (CNA) G regarding potential abuse in the facility and procedures for staff. CNA G stated there was an altercation between two residents, R11 and R12. CNA G stated R11 was heard yelling at R12, telling R12 to shut up or R11 would help shut R12 up. On 4/23/26 at 10:08 AM, Surveyor interviewed R11 who stated that R12 just lives down the hall. R11 says we visit sometimes. R11 stated that R12 gets loud sometimes and irritates R11. R12 states I just yell at R11 to shut up. R11 stated I don't think I'd hurt him but wanted to shut him up. On 4/23/26 at 10:30 AM, Surveyor reviewed R11 and R12's progress notes, medical records and care plans. There is no documentation in R11 or R12's medical record regarding an altercation between R11 and R12.On 4/23/26 at 12:37 PM, Surveyor interviewed Social Services Director (SSD) I who stated SSD I was not there when R11 was yelling at R12. SSD I stated she heard about it. SSD I stated R12 can be loud, loves to sing, and is repetitive verbally and in his actions, although he hasn't been doing that this week. SSD I stated that R11 gets irritated by R12 and has been heard yelling at R12 to shut up. Surveyor told SSD I that one CNA told Surveyor that R11 was heard telling R12 he would help shut him up. SSD I said I wouldn't be surprised. Surveyor asked SSD I what procedure the facility follows when there is an allegation of verbal abuse. SSD I stated the usual procedures is the CNA would let the nurse know, the nurse would report it to the Director of Nursing (DON) or Nursing Home Administrator (NHA), who would start the investigation. On 4/23/26 at 1:22 PM, Surveyor interviewed (continued on next page)</p>		

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 04/23/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Licensed Practical Nurse (LPN) J. LPN J was the nurse working the evening of incident between R11 and R12. LPN J stated I did not witness the situation, she heard R11 yelling at R12, everyone did. LPN J stated she doesn't recall what was said but could hear they were yelling in the dining room. LPN J stated R11 and R12 were in the dining room and it happened before LPN J got into the dining room. LPN J stated she reported the fall and we all talked about hearing them yell at each other. On 4/23/26 at 12:49 PM, Surveyor interviewed DON B regarding resident to resident abuse. DON B stated that when there is a resident-to-resident altercation we try to separate them. We would have moved R11 and R12 apart. DON B stated she remembers when it was reported that they were yelling in the dining room. DON B is not certain the date. They were hollering at each other. DON B stated whenever there is an incident her staff let her know. DON B stated that she then lets NHA A know and gets direction from NHA A. Usually NHA A does the investigation and interviews. DON B stated Surveyor should ask NHA A about the investigation. On 4/23/26 at 12:59 PM, Surveyor interviewed NHA A regarding abuse, investigations, and reporting. NHA A stated you report to State when there is abuse, neglect, falls with injury, elopements and misappropriation. NHA A stated yes, you would report resident to resident physical altercations. Surveyor asked what about verbal. NHA A stated only if emotional or mental distress is noted. NHA A expects staff to communicate with NHA A, and he will assess the situation and complete an investigation. Surveyor asked if there was an investigation regarding the incident between R11 and R12 in the dining room on 3/29/26. NHA A stated there is no formal investigation, they were just yelling at each other. I only do paper documentation if it is reportable. NHA A stated if I am told about things I look into them but do not always document it, everyone was fine. NHA stated he was not here when the altercation occurred. Surveyor asked NHA A what constitutes verbal abuse. NHA states when someone is yelling threatening things. Surveyor asked what they were yelling about, do you have documentation that says what was said. NHA A stated no, they were just yelling. If I investigated every time someone yelled at someone that is all I would do. I can't do that. Surveyor asked clarifying question to which NHA A stated yes it was in the dining room and unwitnessed. Staff heard the altercation. On 4/23/26 at 2:32 PM, DON B brought Surveyor a 1 page document that was created on 4/23/26. It was unclear what the document was referencing, and it was not signed by the creator either. Surveyor took it back to DON B who stated she just did it. DON B wrote on the form the date of the incident between R11 and R12. DON B stated she just found out the details of the incident and completed an interview because the Surveyor brought it to her attention. Surveyor stated to DON B it is my understanding you were aware R11 and R12 were yelling at each other in the dining room on 3/29/26. The facility was aware of the verbal altercation between R11 and R12. R12 stated R11 needed to shut up or R12 would shut R11 up. This was not investigated as an allegation of abuse nor were interventions put in place to protect R11.</p>		

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 04/23/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, 1 of 3 residents (R5) at risk of falls did not receive adequate supervision and assistance devices to prevent potential accidents from occurring. R5 required the assistance of 2 staff for transfers with mechanical Hoyer lift. Staff continued to transfer R5 with a mechanical sit-to-stand lift, then to assist of 2 stand-pivot transfer. Findings include: R5 was re-admitted on [DATE], with diagnoses including in part, kidney transplant status, pancreatic transplant status, immunodeficiency due to drugs, diabetes mellitus with diabetic retinopathy, type 1 diabetes with polyneuropathy, dementia without behavioral disturbance, Charcot's joint of multiple sites acquired absence of right great toe, hypertension, foot drop of left foot, and osteoporosis. Minimum Data Set (MDS) dated [DATE] indicates R5 has Brief Interview for Mental Status (BIMS) scored 14/15, indicating R5 had intact cognition. MDS indicates R5's Activities of Daily Living (ADL) with transfers, dressing, and toileting requires substantial maximal assistance. Surveyor reviewed R5's ADL care plan initiated on 05/27/25, revised on 09/02/25. Interventions: -Toileting hygiene assist: total dependence revised on 05/27/25. -Therapy to eval and treat as indicated, revised on 05/27/25. -Toileting hygiene transfer assist: Weight bearing assistance revised on 09/02/25. -Transfer assist: Weight bearing assistance revised on 09/02/25. Surveyor reviewed R5's Fall care plan initiated on 05/27/25, Actual fall on 08/17/25, and revised on 03/18/26. Interventions: -Dycem added to wheelchair to prevent slipping/sliding, initiated on 08/18/25. -Transfer in bed for naps initiated on 02/20/26. -PT evaluate and treat as ordered and as needed, initiated on 05/27/25. Surveyor reviewed R5's Physical Therapy (PT) notes from 01/01/26-04/15/26 states, .Resident [R5] transfers with Hoyer with two assist. Surveyor reviewed R5's PT communication sheet dated 02/03/26 to staff indicating R5 was dependent on 2 staff assistance with Hoyer mechanical lift. Surveyor reviewed R5's progress notes, which state, On 03/19/26 at 12:32 PM, Interdisciplinary Description of Incident: 2/21/26-unwitnessed fall Root Cause of Incident: deconditioning, psychoactive medication, unsteady gait Interventions in place at time of incident: Dycem added to wheelchair, commonly used items within reach. New Interventions: transfer to bed for naps. On 04/21/26 at 11:21 AM, Surveyor interviewed R5. R5 reported to Surveyor that R5 has not been able to get out of bed because R5 does not trust staff to transfer R5 the correct way. Surveyor asked R5 to explain more. R5 stated to Surveyor, I have been stuck using this mechanical lift that pulls me into the air, and I hover. This has been recently because I was being transferred by a sit-to-stand lift. Then suddenly, they took the sit-to-stand away and had two staff assist where they stood me up and pivoted me to the wheelchair. This scares me and so most of the time I refuse to get up. I don't trust the staff to transfer me safely. Surveyor asked if the lift R5 used that hovered R5 in the air was a Hoyer lift. R5 stated yes, it is called a Hoyer lift. R5 reported that R5 just wants to get up and walk again and hates the Hoyer lift. Surveyor asked if R5 has gotten out of bed yet today. R5 reported that R5 has not and does not want to. On 04/22/26 at 11:10 AM, Surveyor observed R5 lying in bed. Surveyor observed 2 slings in R5's room lying on a chair across R5's room. On 04/22/26 at 11:17 AM, Surveyor interviewed Certified Nurse Assistant (CNA) F and asked about R5's transfer and when it had changed. CNA F reported that CNA F is usually not down this hall but R5 transfers heavy assist of 2 sometimes stand pivot but R5 used to be sit-to-stand mechanical lift. CNA F reported that CNA F is unsure when if it was changed though. CNA F entered R5's room and observed two slings with Surveyor. CNA F reported that one sling was for sit-to-stand that is no longer being used, and another sling is a Hoyer sling which R5 is no longer a Hoyer lift. On 04/22/26 at 11:30 AM, Surveyor interviewed Assistant Director of Nursing (ADON) H and asked when R5 changed from sit-to-stand to assist of 2 staff stand-pivot. ADON H reported that ADON H is unsure when PT assessed R5 and when the sit-to-stand was discontinued. ADON H reported that ADON H would check when R5 was changed. ADON H reported the facility (continued on next page)</p>		

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 04/23/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>recognized that transfer status changes were not being placed on the care plan or the CNA Kardex to show staff how residents' transfer status changed when PT made recommendations. Facility recognized that the new changes from Physical Therapy (PT) need to be placed in the care plan right away and on CNA task list. ADON H reported to Surveyor that ADON H is going to make changes now. ADON H reported that R5 is supposed to be a Hoyer mechanical lift transfer. On 04/22/26 at 11:49 AM, Surveyor interviewed PT Director R and PT S and asked what the transfer status of R5 is. PT Director R reported to Surveyor that R5 has always been Hoyer lift as transfers. PT S reported that R5 was evaluated as sit-to-stand in the PT room but under strict supervision and was deemed not appropriate for sit-to-stand. Surveyor asked PT Director R and PT S if they were aware that R5 is being transferred with two-assist stand pivot. PT S reported to Surveyor that R5 is always a mechanical Hoyer lift and cannot safely bear weight on lower extremities. On 04/22/26 at 12:15 PM, Surveyor interviewed Physical Therapy Assistant (PTA) T and asked what R5's transfer status was on re-admission to facility. PTA T reported that R5 has always been a Hoyer lift and never anything else. On 04/22/26 at 12:34 PM, Surveyor interviewed Director of Nursing (DON) B and asked if DON B was aware that R5 is being transferred as a stand-pivot with two-person assistance. DON B reported to Surveyor that R5 is only supposed to be Hoyer lift transfer. DON B reported that DON B will educate staff on the current transfer status for R5. Surveyor asked DON B how staff would follow R5's care plan if the care plan does not reflect R5's transfer status requirement of a Hoyer lift. DON B reviewed R5's care plan and observed R5's transfer status indicates transfer assistance: Weight bearing assistance. DON B reported the facility has been working on correcting care plans and completing audits since 04/09/26. Surveyor asked DON B for a copy of the audits that facility started. On 04/22/26 at 2:07 PM, DON B entered conference room and handed a comprehensive audit completion to Surveyor. Surveyor reviewed audit sheet and pointed out on document that R5 was not triggered as being an affected resident with improper transfer status. DON B reported that this is what the Regional Clinical Specialist M gave DON B regarding the facility's comprehensive transfer audit. DON B acknowledged that R5's care plan and transfer status was not found as part of the facility's audit process but that it would be corrected shortly.</p>		

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 04/23/2026
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure the resident (R) maintained acceptable parameters of nutritional status for 1 out of 3 residents reviewed. (R1)~ Facility did not implement daily weights per admission orders for R1. R1 experienced a 11-pound weight loss, 9.55% in the first 17 days. ~ Facility did not ensure a registered dietician assessment of the nutrition status and diet orders for resident with tube feeding with admission. Findings include: The facility policy titled, Enteral Nutrition, dated November 2011, states: 1. A dietician will assess residents who are receiving enteral feedings and will make appropriate recommendations for interventions to enhance tolerance and nutritional adequacy of enteral feedings. 2. If a dietician is not available prior to the first feeding, the Dietician on call will be contacted. The Dietician will review admission information with the nursing staff and physician to determine the initial orders. R1 was admitted to the facility on [DATE] with diagnoses which included congestive heart failure, acute kidney failure, dysphagia oropharyngeal phase, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. R1 was moderately impaired cognitively and forgetful but staff state R1 could make his needs known. R1 received nutrition via tube feeding. R1's care plan states: Focus: The resident has nutritional risk r/t (related to) CHF, CAD (coronary artery disease), .dysphagia (difficulty swallowing); need for tube feed; underweight BMI (body mass index). ~ Monitor/record/report to MD PRN (as needed) s/sx (signs and symptoms) of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3 lbs. in 1 week, >5% in 1 months, >7.5% in 3 months, >10% in 6 months Date initiated 2/26/26.~ Monitor: intake, weight, skin, labs, medication, diet tolerance and hydration status. Dated initiated 2/26/26.~Resident will maintain weight w/o (without) significant weight changes. Dated Initiated 2/26/26.~3/10/26 Resident triggered weight loss 10% in 30 days. RD (Registered Dietician) consult, MD aware. Date initiated 2/26/26. Revision on 3/27/26.~ Daily weights. Date initiated 3/27/26. Revision 3/27/26~Nursing will inform MD/family/POA (Power of Attorney) of significant weight changes. Date initiated 3/27/26. R1 has a swallowing problem related to dysphagia.~The resident will maintain weight and nutritional balance through the review date. Date initiated: 4/9/26 Target Date. 6/7/26. Resident disconnects tube feeding, dated 2/16/26. R1's admission orders from PAM (Post-Acute Medical) clinic discharge packet orders state Weigh patient daily at 5am. R1's weights were: ~2/16/26 - 115.2 lbs. ~ 2/17/26 through 3/5/26 there are no weights documented. ~3/6/26- 104.2 lbs., this is an 11 lb. weight loss/9.55%.~3/7/26- no weight R1's order from the Heart Failure Clinic dated 3/8/26 states, Daily weights in the morning. Weights completed daily from 3/8/26 to 3/22/26, 3/24/26 through 3/27/26, and 3/29/26 through 4/4/26. R1 did not have weights documented and there were no refusals of weights on 3/23/26 and 3/28/26. Review of R1's Medical Administration Record (MAR), R1 was receiving nutrition orders as prescribed by physician R1 did not receive a registered dietician assessment until 3/13/26; 7 days after weight loss was identified. Surveyor asked Assistant Director of Nursing (ADON) H to print all notes from nutrition services and the dietician. The only note for dietary and nutrition services is dated 3/13/26. Note states: Saw resident today r/t (related to) recent weight loss. CBW (current body weight) (3/13): 105.6, BMI: 16.5 (underweight). WT (weight hx (history): 3/12 105.6, 3/6 104.2, 2/16 115.6# (30D: -8.3% significant weight loss since admission.). On 3/16/26, R1's weight was 92.0 lbs. Indicating a 23.2 lb. weight loss or 20.14% loss. Nursing Progress notes dated 3/20/26 state R1 turned off tube feeding. On 4/21/26 at 3:43 PM, Surveyor interviewed Certified Nursing Assistant (CNA) F who stated we know who needs weights from our Point of Care (electronic medical record) access. Some residents are weighed daily, and everyone is weighed at least once a month. We weigh all residents on admission. If a resident refused to be weighed, we should document refused. We would have weighed R1 on admission. I don't recall if he received daily weights right away or after he started losing weight and was changed to a daily weight. On 4/22/26 at 8:59 AM, Surveyor interviewed Registered Nurse (RN) C (continued on next page)</p>		

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 04/23/2026
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>who stated admission orders are put in the medical record by the nursing staff. We enter the orders in and add interventions to the resident's care plan. RN C stated I think Director of Nursing (DON) B checks all the orders. On 4/22/26 at 9:20 AM, Surveyor interviewed DON B who stated, the document she provided Surveyor from Post Acute Clinic (PAM) were the admission orders. DON B stated the RN on duty enters the orders into the computer. Surveyor reviewed orders with DON B. DON B read out loud the order daily weights at 5am. DON B stated we did not start daily weights with admission. On 4/22/26 at 9:22 AM, Surveyor interviewed DON B who stated the registered dietician is part of the care of residents with tube feedings and special diets. Surveyor asked if the dietician reviews and assesses resident special diets when the resident is admitted . DON B stated the dietician does assess everyone's diets and weights, but we initially follow the admission orders. DON B stated that the dietician was involved when R1 started losing weight. Surveyor asked DON B about the facility policy which states residents with an enteral feeding receive a dietician assessment at admission. DON B stated again, we follow the physician's order with admission. Surveyor asked DON B about R1. DON B stated that R1 is no longer here. DON B stated he was here post-acute care for nursing care related to his tube feeding. DON B stated that he was difficult because R1 was always stopping his tube feeding, and this resulted in R1 losing weight. DON B stated R1 also had diarrhea and didn't want staff to flush his tube with water because he felt the water flushes caused the diarrhea. Surveyor reviewed R1's Certified Nursing Assistant (CNA) charting in tasks with ADON H. ADON H pulled up the Kardex charting and printed a report for Surveyor. R1's bowel movements were monitored and tracked. There was no documentation in CNA charting regarding R1 having diarrhea. R1 received bolus feedings from 2/16/26 through 3/7/26. R1's order changed to, One time a day enteral nutrition via continuous NOC (night): Nepro 1.5 cal; 1,320 ml over 8 hrs. start 3/7/26.R1 had weight loss, and the facility did not complete daily weights as ordered by physician. Facility dietician did not assess R1 until after R1 had weight loss.</p>		

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 04/23/2026
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 resident (R3) of 1 resident reviewed for intravenous therapy received intravenous care consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. R3 was re-admitted to the facility on [DATE] with a PICC (Peripherally Inserted Central Catheter) which is a soft, thin, flexible tube in a vein used to administer IV (Intravenous) medications. The facility did not administer IV medications or complete PICC line care as physician orders state. Findings include:R3 was re-admitted to facility on 01/16/26 with diagnoses of end stage renal disease, acute posthemorrhagic anemia, type 2 diabetes mellitus, hemiplegia and hemiparesis following cerebral infarction affecting unspecified side, portal hypertension, unspecified cirrhosis of liver, kidney transplant, unspecified hydronephrosis, hypotension, diastolic heart failure, acute respiratory failure with hypoxia, arteriovenous fistula, traumatic brain injury, dependence on renal dialysis, kidney transplant infection, and history of sepsis.Surveyor reviewed R3's care plan:R3 is on antibiotic therapy IV (intravenous) daptomycin related to infection, abdominal pelvic abscess, initiated on 12/07/25, revised on 01/27/26.Interventions:-Administer antibiotic medications as ordered by physician. Monitor/document side effects and effectiveness, initiated on 12/07/25, revised on 02/12/26.-Observe/document/report as needed adverse reactions to antibiotic therapy, initiated on 01/27/26, revised on 02/12/26.-Report pertinent lab results to provider, initiated on 01/27/26, and revised on 02/12/26.Surveyor reviewed R3's physician orders:-Flush IV every 8 hours. Sodium Chloride flush 9% three times a day, every shift for patency, ordered on 01/16/26, discontinued 04/02/26.-Flush PICC line every 8 hours, ordered on 01/16/26, discontinued 04/02/26.-Central venous catheter (PICC)- measure arm circumference (3 inches or specify length) above insertion site on admission, with each dressing change, and prn (as needed): one time only on admission for 1 Day and every day shift every Friday and as needed, ordered on 01/19/26 and discontinued on 04/02/26.-PICC: Central venous catheter (PICC)- measure external catheter length, on admission, with each dressing change, and as needed every Friday and Sunday day shift, ordered on 01/19/26, and discontinued on 04/02/26.-IV - central venous catheter - change catheter site dressing: 24 hours post PICC insertion, every week and as needed with transparent dressing, change catheter securement device every week and as needed, and every day shift every Friday, ordered on 01/19/26 and discontinued 04/02/26.-PICC (all types)-change needless connector on admission, weekly, and as needed thereafter unless TPN (then change every 24 hours) and change every blood draw as needed and every day shift every Friday, ordered on 01/19/26, and discontinued on 04/02/26.-PICC (valved) when being used intermittently flush with 10ml of normal saline, infuse medication and then flush with 10ml of normal saline every shift, ordered on 01/19/26, and discontinued on 04/02/26.-PICC line dressing change due every 7 days, every night shift on Friday for dressing change, ordered on 03/13/26, and discontinued 04/02/26.-PICC site monitor every shift for signs/symptoms of infection and/or infiltration every shift for monitoring, ordered on 01/19/26, and discontinued on 04/02/26.-Daptomycin intravenous solution reconstituted, use 501.6 mg intravenously in the afternoon every Monday and Wednesday after dialysis for abscess until 04/17/26. And use 752.4 mg, intravenously in the afternoon every Friday after dialysis for abscess at least until next ID (infectious disease) appointment on 04/17/26, ordered on 02/16/26, discontinued on 04/02/26.-Daptomycin intravenous solution reconstituted, use 752.4 mg intravenously in the afternoon every Friday after dialysis for abscess at least until next ID appointment on 04/17/26, ordered on 02/20/26, discontinued on 04/02/26. Surveyor reviewed R3's Medication Administration Record (MAR) between 02/01/26-04/01/26:-On 02/01/26-04/01/26, Normal Saline flushes were not administered consistently and were signed out as not given and/or held or blank indicating not administered every 8 hours.-On 03/13/26 and 03/27/26, PICC line measuring arm circumference above insertion site was (continued on next page)</p>		

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 04/23/2026
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>not documented, completed or performed.-On 03/13/26, measuring external catheter length was not documented, completed or performed.-On 03/09/26 and 03/23/26, Daptomycin intravenous solution 501.6 mg in the afternoon every Monday and Wednesday, intravenously was not administered on both days.-On 03/13/26 and 03/27/26, Daptomycin intravenous solution 752.4 mg in the afternoon every Friday, intravenously was not administered on both days.-On 03/13/26 and 03/27/26, PICC line needless connector change was not documented, completed or performed.Surveyor reviewed R3's hospital notes, dated 04/01/26, which state, .Resident [R3] known for non-operable chronic pelvic abscess on chronic antibiotics as well as dialysis with frequent admissions for sepsis was brought into the ER after being found minimally responsive at nursing home. According to nursing home R3 has had increased shortness of breath as well as confusion. R3's PICC line was accidentally removed in the nursing home sometime in the last 24 hours.Surveyor reviewed Emergency Medical Transport (EMT) report, dated 04/01/26, that does not indicate R3 has a PICC in place during transport from nursing home to the ER.Surveyor reviewed documentation in R3's medical record at facility noting R3's PICC line dressing in R3's MAR was changed on 03/13/26, 03/20/26, and 03/27/26. However, Surveyor reviewed a photo date stamped on 03/30/26. The photo on 3/30/26 shows R3's PICC line dressing with staff initials dated 03/13/26. The data written on PICC line dressing indicated R3's PICC line dressing had not been changed every 7 days as ordered. On 04/21/26 at 9:10 AM, Surveyor interviewed Licensed Practical Nurse (LPN) U and asked if LPN U remembers R3 and the PICC line care for R3. LPN U reported that LPN U did not do anything with R3's PICC line and that dialysis usually completes all the PICC line care. Surveyor asked LPN U if she was the nurse on duty on 4/1/26 when R3 had a change of condition. LPN U stated yes. Surveyor asked LPN U if she remembers if R3 had a PICC line in place. LPN U stated, If I recall correctly [R3] had a PICC line in [R3's] right arm and it was patent. Surveyor asked LPN U how LPN U knows the PICC line was patent for R3. LPN U reported that Registered Nurse (RN) D performed PICC line care for R3. Surveyor asked LPN U to explain why LPN U has signed initials on R3's MAR that R3's external catheter length was measured as completed, every 8-hour PICC line flushes were completed by LPN U, but the dressing change for R3's PICC line was signed initials by LPN U but noted 9 as not administered. LPN U reported that LPN U is unsure why LPN U's initials are on R3's MAR but that LPN U does not do anything with R3's PICC and could have been RN D or someone else. On 04/21/26 at 9:27 AM, Surveyor interviewed RN D and asked RN D if RN D had any concerns with R3's PICC line and was the PICC line in place upon transfer to the ER on [DATE]. RN D reported that R3's PICC line functioned well throughout R3's stay. RN D reported that RN D thinks R3 had a PICC line in before being transferred out to the ER on [DATE], but not 100% certain. RN D reported that RN D never heard any PICC line concerns prior to R3 being transferred to ER.On 04/21/26 at 10:41 AM, Surveyor interviewed Director of Nursing (DON) B and asked if DON B knew of any concerns with R3's PICC line prior to R3 being transferred to the ER. DON B reported that DON B did not hear there were concerns. Surveyor asked if DON B knew if R3's PICC line was in place prior to being transferred to ER. DON B reported that DON B is unsure and would need to review R3's medical record. DON B reviewed R3's medical record and reported no progress notes stating that R3's PICC line had been taken out by accident or not functioning properly. Surveyor asked DON B for the expectations of nursing staff assessing PICC lines, administering IV medications, PICC line dressing changes, along with measuring PICC line length and arm circumference. DON B reported that all nursing staff are to complete physician orders as ordered. Surveyor asked if DON B was aware that the management of R3's PICC line care was a concern and that staff missed administering normal saline flushes every 8 hours as ordered consistently from 02/01/26 - 04/01/26, on 03/13/26 and 03/27/26, measuring arm circumference above insertion site was not documented, completed or performed. On 03/13/26 measuring external catheter length was not documented, completed or performed. On 03/09/26 and 03/23/26, Daptomycin intravenous solution 501.6 mg given intravenously was not administered on both days. On 03/13/26 and 03/27/26, Daptomycin intravenous solution 752.4 mg given intravenously (continued on next page)</p>		

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 04/23/2026
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>was not administered on both days. On 03/13/26 and 03/27/26, PICC line needless connector change was not documented, completed or performed. On R3's MAR documentation staff signed out that R3 received PICC line dressing changes on 03/13/26, 03/20/26, and 03/27/26 but a photo shows the PICC line dressing change in place to PICC line dated 03/13/26 with staff initials. Surveyor asked if DON B knew that the dressing change had a date of 03/13/26. DON B reported that DON B was not aware of that concern. DON B reported expectations would be staff administer IV antibiotics on time and as ordered. DON B reported to Surveyor that all nursing staff should follow all provider orders on time. If staff cannot complete the orders such as the dressing change or measurements of the length of PICC line catheter, then staff are to notify DON B and provider on call to receive new orders or directions on how to move forward and why the orders cannot be followed.</p>

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 04/23/2026
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on interview and record review, the facility did not ensure that residents who require dialysis receive such services, consistent with professional standards before and after dialysis treatments the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 1 dialysis residents (R3) sampled out of a total of 9 sampled residents. The facility did not provide monitoring of R3's fistula access dialysis site, monitoring of R3 post dialysis treatments, and R3's vitals as ordered. This is evidenced by: The facility policy, titled Care of a Resident with End-Stage Renal Disease dated October 2009, states: .Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. Education and training staff includes, specifically: the nature and clinical management of ESRD. The type of assessment data that is to be gathered about the resident's condition on a daily or per shift basis. Signs and symptoms of worsening condition and/or complications of ESRD. How to recognize and intervene in medical emergencies such as hemorrhages and septic infections. g. The care of shunts and fistulas. 5. The residents comprehensive care plan will reflect the residents needs related to ESRD/dialysis care. R3 was re-admitted to facility on 01/16/26 with diagnoses of end stage renal, acute posthemorrhagic anemia, type 2 diabetes mellitus, hemiplegia and hemiparesis following cerebral infarction affecting unspecified side, portal hypertension, unspecified cirrhosis of liver, kidney transplant, unspecified hydronephrosis, hypotension, diastolic heart failure, acute respiratory failure with hypoxia, arteriovenous fistula, traumatic brain injury, dependence on renal dialysis, kidney transplant infection, and history of sepsis. Surveyor reviewed R3's care plan: R3 needs dialysis related to renal failure-fistula to left forearm -two failed kidney transplants and infected kidney transplant, initiated on 06/13/2024. Interventions:-On 9/30/24, Fistula construction rescheduled initiated on 09/30/24.-Administer medications as ordered, initiated on 10/12/2025, revised on 02/12/26.-Daily weights. Dialysis days pre and post weights initiated on 06/24/24, revised on 02/16/26.-Dialysis Monday-Wednesday-Friday. Time for Pick up:1230 by transportation. Transport to: Dialysis. It was initiated on 06/24/2024 and revised on 02/12/2026.-Do not draw blood or take blood pressure in arm with graft. Left forearm, initiated on 09/30/2024, revised on 02/12/2026.-Monitor fistula for thrill and bruit, update MD/NP immediately if not noted to left forearm, initiated on 06/24/2024, and revised on 02/12/2026.-Monitor left fistula and site for any concerns, if dressing falls off or is removed do not replace, if excessive bleeding noted hold pressure call 911, update MD/NP, initiated on 06/24/2024, revised on 02/12/2026.-Monitor vital signs (VS), Monday, Wednesday, and Friday. Notify MD of abnormalities initiated on 06/24/2026. Surveyor reviewed R3's physician orders:-Monitor VS (vital signs) Monday, Wednesday, and Friday. Notify MD of abnormalities. Ordered on 06/28/24. -Dialysis Monday, Wednesday, and Friday, Left forearm graft fistula. Monitor fistula for thrill and bruit immediately, notify MD if not noted. Ordered on 06/28/24.-Daily weights on dialysis days pre and post weights. Ordered on 02/12/26. Surveyor reviewed R3's Medication Administration Record (MAR) and Treatment Administration Record (TAR) and Surveyor could not find documentation assessments of R3's fistula in left forearm. Surveyor could not find weights performed every Monday, Wednesday, and Friday pre and post dialysis. Surveyor reviewed all other of R3's progress notes dated 01/16/26-04/01/26. Surveyor could not find documentation that assessments of R3's fistula in left forearm were performed. Surveyor reviewed weight progress notes:-On 02/10/26 at 7:39 AM, 128.0 lbs.-On 03/10/26 at 3:53 PM, 120.0 lbs.-On 03/10/26 at 4:00 PM, 120.0 lbs.-On 03/11/26 at 2:21 PM, 120.0 lbs.-On 03/23/26 at 6:59 AM, 123.4 lbs. Surveyor could not find documentation that weights were completed every Monday, Wednesday, and Friday pre and post dialysis treatments. Surveyor reviewed R3's vital signs and found that vital signs were not assessed and documented as ordered every Monday, Wednesday, and Friday pre and post dialysis for the management of dialysis treatments and hypertension medications or reported to the provider of an abnormal B/P (blood pressure) result. R3's vital signs, states, .On 03/24/26 at 8:36 AM, B/P 186/105 mmHg, and on (continued on next page)</p>		

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 04/23/2026
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>03/30/26 at 6:41 AM, B/P 197/96 mmHg. Surveyor could not find that R3's provider on call was notified of abnormal B/P or any interventions put into place managing while R3 is on dialysis. Interviews: On 04/22/26 at 9:10 AM, Surveyor interviewed Licensed Practical Nurse (LPN) U and asked about the process of managing R3's care pre and post dialysis treatments. LPN U reported to Surveyor that R3 was to receive head-to-toe assessments, along with vitals, and report any abnormalities to provider on call and dialysis facility. Surveyor asked LPN U if that included R3's fistula site. LPN U reported to Surveyor that LPN U does not do anything to R3's fistula as that is out of LPN U's scope of practice. On 04/23/26 at 9:47 AM, Surveyor interviewed Registered Nurse (RN) D and asked for the process for assessing R3 pre and post dialysis. RN D reported that staff were to assess fistula in left forearm, assess vitals as ordered, and complete a head-to-toe assessment to monitor for any concerns. RN D reported that staff then document in R3's medical record on Dialysis Communication Form, that is sent back and forth to dialysis appointments every Monday, Wednesday, and Friday. RN D reported to Surveyor that the forms should be in R3's medical record. On 04/23/26 at 10:01 AM, Surveyor requested Director of Nursing (DON) B to provide Surveyor with Dialysis Communication Form for R3's dialysis treatments from 01/16/26 to present 04/23/26. Surveyor reviewed the facility form titled, Dialysis Communication Form for 01/02/26, 01/19/26, 02/02/26, 02/06/26, 02/11/26, and 03/02/26. On 04/23/26 at 10:26 AM, Surveyor interviewed DON B regarding expectations for staff to assess R3 pre and post dialysis treatments. DON B reported to Surveyor that staff were to assess R3 from head-to-toe, gather vitals and weights every day. Surveyor asked DON B how staff should care for R3's fistula. DON B reported to Surveyor that staff should be monitoring for bruit or thrill and notify physician on call if there are any concerns. Surveyor asked DON B about the dressing to R3's fistula. DON B reported that staff were to assess it on every shift and if any abnormalities or concerns immediately notify DON B, dialysis unit, nephrologist, and provider for further direction. Surveyor asked DON B if R3 was being assessed pre and post dialysis treatments as ordered. DON B reported that staff were not accurately monitoring R3's care during dialysis treatments pre and post.</p>		

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 04/23/2026
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 0757</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that each resident's drug regimen was free from unnecessary drugs for 1 or 7 residents (R2). R2 has a history of an elevated international normalized ratio (INR) blood test for blood clotting time while taking an anticoagulant (blood thinner) medication. R2 did not receive adequate monitoring while receiving the anticoagulant medication in conjunction with an antibiotic. Registered Nurse (RN) C assessed R2 and found a large amount of blood in R2's stool, on an incontinent pad, and when R2 was rolled a large amount of blood expelled from R2's rectum. R2 was transferred to the emergency room and found to have a critical INR level of 9.3. R2 was given vitamin K and Kcentra to reverse the anticoagulation and prevent further bleeding. This is evidenced by: Facility's policy titled Lab and Diagnostic Test Results - Clinical Protocol with revised date of April 2007, documented 1. The physician will identify, and order diagnostic and lab testing based on diagnostic and monitoring needs. 2. The staff will process test requisitions and arrange for tests. 3. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility. The National Library of Medicine documented on 02/14/25 International Normalized Ratio: Assessment, Monitoring and Clinical Implications. Normal and Critical Findings. the therapeutic INR value ranges between 2.0 and 3.0 for patients on anticoagulant therapy. INR values exceeding 4.9 are considered critical and significantly increase the risk of bleeding. <According to https://www.ncbi.nlm.nih.gov/books/NBK441964/> Signs and symptoms of bleeding require vigilant monitoring upon initiation of warfarin since this is the most common adverse effect. There are multiple medications and herbal products that can potentiate or inhibit the effects of warfarin. However, drug-drug interactions usually lead to an increased INR. Antimicrobial (antibiotics) agents are one of the most common medication classes that can interact with warfarin. Some antimicrobials directly interfere with the metabolism of warfarin. including metronidazole, trimethoprim-sulfamethoxazole, and ciprofloxacin. These are usually considered major interactions .R2 was admitted to the facility on [DATE] with diagnoses that include enterocolitis due to clostridium difficile, chronic atrial fibrillation, congestive heart failure and abdominal aortic aneurysm. R2 was re-admitted to the hospital on [DATE] and did not return to the facility. Minimum Data Set (MDS) dated [DATE] documented R2's Brief Interview for Mental Status (BIMS) score of 3/15, meaning severe cognitive impairment. Anticoagulant medication is being taken. R2's hospital Discharge summary dated [DATE] documented Follow-up Issues to Address: She will need a repeat INR drawn on 3/27/26 for ongoing monitoring of her warfarin anticoagulation. She will follow-up with the anticoagulation service on Monday, 3/30/26 for continued monitoring of her anticoagulation. Her INR was also supratherapeutic (elevated level) on admission at 5.6 and her warfarin was held. Her INR was down to 3.2 prior to discharge. She has been monitored as an outpatient by the anticoagulation service. Repeat INR on 3/28/26 was recommended for ongoing monitoring and she will follow-up with the anticoagulation service on 3/30/26. Discharge Medication Reconciliation. warfarin (warfarin 2.5 mg oral tablet) Special Instructions: Take one tablet by mouth once daily as a blood thinner. Vancomycin 125 mg (antibiotic) oral capsule four times a day for clostridioides difficile infection duration 11 days. Review of facility's medication orders for R2 documented Warfarin Sodium Oral tablet 2.5 MG (Warfarin Sodium), (anticoagulation medication) Give 2 tablet by mouth at bedtime every Mon, Fri for anticoagulation factor and give 1 tablet by mouth at bedtime every Tue, Wed, Thu, Sat, Sun for anticoagulation factor starting 03/27/26. Of note, this warfarin order is not consistent with R2's discharge order. R2's discharge order indicated 2.5 mg daily. The facility transcribed 2.5 mg (two tablets) on Mondays and Fridays and 2.5 mg (one tablet) Tue, Wed, Thu, Sat, Sun. As written in R2's MAR (Medication Administration Record) R2 received an extra dose of 2.5 mgs of warfarin on Mondays and Fridays. Vancomycin HCL oral capsule 125 mg by mouth four times a day for clostridioides difficile infection until 04/08/26. Start date of 03/28/26. Prednisone oral tablet 20 mg, (continued on next page)</p>		

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 04/23/2026
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 0757</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>give 2 tablets by mouth two times a day for cough for 5 days. Start date of 03/30/26. On 04/08/26 at 3:06 PM, by Regional Clinical Specialist M created an order for PT/INR every Monday and Thursday with a start date of 3/27/26. R2's progress notes documented on 03/30/26 at 9:57 PM, Physician Assistant wrote: Assessment & Plan: .8) Atrial fibrillation: - On warfarin anticoagulation per primary care. Follow-up with anticoagulation clinic today for repeat INR. On 03/31/26 at 12:04 AM, Nurse Practitioner (NP) L documented Nursing to reach out to [Name] Clinic ACC (Anticoagulation Clinic) for warfarin dose. On 04/03/26 at 10:50 AM Late entry note from NP L documented Spoke with DON (Director of Nursing) and was assured Nursing reached out to [Name] Clinic ACC for warfarin dosing/INR monitoring. There is no documentation in R2's progress notes indicating staff updated the ACC of prednisone medication being started. On 04/23/26 at 3:45 PM, Surveyor interviewed NP L about R2's INR and warfarin dosing. NP L stated that when a resident is admitted to the facility NP L would request for the anticoagulation clinic (ACC) to follow the resident and to prescribe an INR therapeutic level, warfarin dose and when to recheck INR. NP L asked the Director of Nursing (DON) to follow up with the ACC for R2's dosing and this was noted in NP L's progress note. NP L had not seen changes of the warfarin and DON assured NP L the nurses were in contact with ACC. Surveyor asked when R2 was started on prednisone would R2 need additional monitoring of INR since prednisone and vancomycin have the potential to increase INR levels. NP L stated that when a new medication is added or changed the ACC should automatically be updated with the change and the ACC would adjust medication and INR testing accordingly. On 04/23/26 at 4:09 PM, Surveyor interviewed Registered Nurse (RN) D and RN C about process of obtaining a resident's INR and results. RN D stated they would obtain INR with point of care testing and call the ACC with the results. The ACC would give a verbal order for next steps, and the ACC would fax over the order. This would be documented in the resident's progress notes and the order for the next time to draw would be entered into the resident's orders in the electronic medication administration record. Surveyor asked if a paper INR/Warfarin log is used to document results and orders. RN D and RN C stated no, never seen a paper log. Orders would be scanned in and documented in the computer. RN C stated RN C worked with R2 twice and did not obtain any INRs. RN C stated there were no orders to obtain INRs for R2. Of note, despite R2's discharge summary indicating the facility should obtain an INR this was not transcribed in R2's medical record and INRs were not completed. Surveyor reviewed R2's medical record and confirmed there were no orders transcribed to complete an INR and no INR results obtained for R2. RN C reviewed R2's orders on the computer and confirmed no documented INRs, ACC orders and the order to obtain INRs on Monday and Thursday were entered on 04/08/26 this was two days after R2 was sent to the hospital. RN C stated RN C found R2 in bed with the incontinent pad soaked with blood. When R2 was rolled on to their side more blood expelled from R2's rectum. R2 had more bleeding when R2 was transferred with EMS to the stretcher. RN C stated there was more than a liter of blood. RN C stated RN C followed up with the ER about R2's status the ER stated R2 was admitted with an INR of 9.3. On 04/24/26 at 3:30 PM, Surveyor interviewed DON B asking for ACC documentation of INR results and warfarin orders. DON B stated there are no records from ACC only verbal orders. Surveyor asked where the order came from to check R2's INR on Monday and Thursday. DON B stated it was a facility's corporate order. Surveyor asked when the INR/Warfarin patient logs began. DON B stated the logs started on 04/09/26. Surveyor asked where did R2's information for the INR/Warfarin patient log come from. DON B stated Regional Clinical Specialist M gave DON B the information to write on the log from the computer. Surveyor asked if DON B was able to locate the same information in the computer. DON B stated no. R2 received physician orders upon hospital discharge to receive warfarin 2.5 mg oral tablet daily and to monitor R2's INR. The facility did not transcribe these orders and R2 received warfarin 2.5 (2) every Mon, Fri and 1 tablet by mouth at bedtime every Tue, Wed, Thu, Sat, Sun, R2 previous warfarin dose, and no INRs were completed. R2 was receiving medications that can increase bleeding risk when taken in conjunction with warfarin; however, the facility did not increase monitoring or notify to anticoagulation clinic as ordered. R2 was hospitalized with a supratherapeutic INR requiring vitamin k.</p>		

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 04/23/2026
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure a medication error rate of 5% or less for 1 error out of 10 medication opportunities, resulting in an error rate of 10%. This had the potential to affect 1 of 1 resident (R) observed for medication administration. (R10) ~ R10 received topical medication without prior measurement for correct dosing. This is evidenced by: The facility policy titled, Administering Medications, dated December 2009, states: Medications shall be administered in a safe and timely manner, and as prescribed. The facility policy titled Administering Topical Medication, undated, states: Purpose: To ensure the safe, accurate, and compliant administration of topical medications in accordance with Wisconsin nursing home regulations, promoting resident safety and preventing medication errors. Administration of Topical Medications Perform hand hygiene . Apply medication a. Use thin, even layer unless otherwise ordered. b. Use applicator or glove hand. The packaging insert titled, Voltaren Gel, updated Jun 16, 2025, states: The dosing card can be found attached to the inside of the carton. The proper amount of VOLTAREN GEL should be measured using the dosing card supplied in the drug product carton. The dosing card should be used for each application of drug product. The gel should be applied within the rectangular area of the dosing card up to the 2-gram or 4-gram line. R10 was admitted to the facility on [DATE] with the following related diagnoses of low back pain, difficulty walking, spondylopathy: lumbosacral region, pain in left shoulder, and pain in left knee. R10 has moderate cognitive impairment and is forgetful at times, has clear speech and is easily understood and understands others' conversations. R10 can make R10's needs known. R10 needs assistance for mobility and activities of daily living such as toileting, showering, and dressing. R10's orders state: Voltaren external gel 1% (Diclofenac Sodium (Topical) Apply to left knee topically two times a day for left knee pain not to exceed 4g/application, 16gm/joint/day, or 32gm total/day. On 4/21/26 at 12:11 PM, Surveyor observed Certified Medication Aide (CMA) E prepare Voltaren topical gel for R10. Surveyor observed CMA E squirt two lines of gel into a plastic medication cup. CMA E then took the medication to R10's room and administered the medication. CMA E donned gloves and took his fingers and scooped out gel and rubbed it into R10's left knee and then scooped out the remaining gel and rubbed it into R10's back. On 4/22/26 at 3:07 PM, Surveyor interviewed CMA E and asked how do you know how many grams you are administering. CMA E stated it doesn't say how much you are supposed to put on. CMA E stated I was taught to put one squirt in the cup for each area. CMA E stated you do not need a lot; they are not huge squirts; you put on a thin layer. CMA E picked up the medication cup and stated I don't think you can use these things to measure. CMA E stated again that he learned through school, and no one here has ever showed me or said different. Surveyor asked CMA E if he had ever seen the dosing card that comes with Voltaren gel. CMA E said he had not. On 4/22/26 at 4:15 PM, Surveyor interviewed Director of Nursing (DON) B and asked what the facility policy is regarding administering topical medications. DON B stated the nurses should verify the correct medication with the order in the MAR (medication administration order) prior to administration. Surveyor asked how they ensure the residents are receiving the correct dosage of a topical medication. DON B stated I'm not sure, it is usually just a thin layer. Surveyor asked DON B if Voltaren gel requires measuring dosage beyond a thin layer. DON B stated I don't think there is anything different. Surveyor inquired if DON B was aware of the dosing card and printing on the Voltaren box. DON B stated she did not think so. Surveyor followed DON B to the medication cart. CMA E stated he found the dosing card in the other cart. CMA E could not find it in the cart he was working with. Surveyor followed DON B to the medication room and looked at the stock supply of Voltaren gel. DON B opened the box and located the plastic dosing card. DON B stated she had never seen that and would complete training for nursing staff.</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure that residents are free of significant medication errors for 4 of 5 residents (R) [R2, R3, R5, and R9] reviewed for medication administration. R5 is being cited at severity level 3 (actual harm). R2, R3, R9 are being cited at severity level 2 (potential for more than minimal harm). -R5 has a history of pancreatic and kidney transplant and receives antirejection medications. R5 did not receive his antirejection medications Mycophenolate Mofetil (medications that prevents the body from rejecting a transplanted organ) for 37 days and Tacrolimus (medication that prevents body from rejecting a transplant) for several days. This caused R5 psychosocial harm evidenced by R5 stating he had ongoing feelings of anxiety, fear, and depression surrounding the potential rejection of his transplanted organs due to the lack of medication availability. -The facility missed 3 days of R3's anticonvulsant medications (Lacosamide) (a medication that aids in prevention of seizure activity in the brain) which cannot be abruptly stopped. -The facility did not follow R2's hospital discharge orders for warfarin 2.5 mg daily. R2 received warfarin 5 mg on Monday and Friday and warfarin 2.5 mg the rest of the days. -R9 received double warfarin dosage when the facility failed to discontinue previous warfarin order. -R5 is being cited at severity level 3 (actual harm). R3, R2, R9 are being cited at severity level 2 (potential for more than minimal harm). Findings include:</p> <p>The facility policy, titled Medication orders and receipt record dated April 2007, states: .2. The medication order/receipt record shall contain:</p> <p>The prescription number;</p> <p>Resident's name;</p> <p>Name, quantity ordered, and strength of the drug;</p> <p>Order date;</p> <p>Name and title of person placing the order;</p> <p>Name of the dispensing pharmacy;</p> <p>The date and quantity received; and</p> <p>Name and title of the person receiving order.</p> <p>4. Medications should be ordered in advance, based on the dispensing pharmacy's required lead time.</p> <p>7. Noted discrepancies shall be reported to the dispensing pharmacy.</p> <p>National Kidney Foundation. (2024, September 16). Immunosuppressants (Antirejection Medicines), state in part, .Your immune system's job is to fight anything that is foreign to your body. It looks for things that do not belong, like bacteria and viruses (germs). For people who have received a kidney transplant, your immune system will also try to fight, or reject, your new kidney since it isn't like the rest of your body. So, anti&ndash;rejection (immunosuppressant) medications are needed to increase your chances of keeping your new kidney healthy. Anti-rejection medicines are for life. Stopping, (continued on next page)</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>missing, or skipping these medicines will very likely cause rejection, either right away or overtime.</p> <p>Example 1</p> <p>R5 was re-admitted on [DATE], with diagnoses including kidney transplant status, pancreatic transplant status, immunodeficiency due to drugs, diabetes mellitus with diabetic retinopathy, type 1 diabetes with polyneuropathy, dementia without behavioral disturbance, Charcot's joint of multiple sites acquired absence of right great toe, hypertension, foot drop of left foot, and osteoporosis.</p> <p>R5's care plan includes:</p> <p>R5 has impaired immunity related to chronic steroid use and antirejection medications status post kidney and pancreas transplants (2004), 03/20/26 order received to place on hold until available due to pharmacy delay related to prior authorization requirement, unable to obtain emergency supply, resident is already on prednisone. Initiated on 05/28/25 and revised on 04/21/26.</p> <p>Interventions:</p> <ul style="list-style-type: none"> -Administer medications as ordered initiated on 09/02/25. -Encourage fluid intake and adequate rest to bolster the immune system initiated on 05/28/25. -Monitor/document/report as needed abnormal laboratory values (e.g., white blood cell counts and differential, serum protein, serum albumin, and cultures) initiated on 05/28/25. -Monitor/document/report as needed signs and symptoms of infection: fever, redness, drainage or swelling around wounds or catheter sites, cough, respiratory symptoms, dysuria, hematuria, flank pain and foul-smelling urine, initiated on 05/28/25. -Monitor/document/report to the provider, signs and symptoms of delirium, changes in behavior, altered mental status, wide variation in cognitive function through the day, communication decline, disorientation, periods of lethargy, restlessness, agitation, and altered sleep cycle initiated on 05/28/25. -R5 is at risk for contracting infections due to impaired immune status. Keep the environment clean and people with infections away, initiated on 05/28/25. -Use universal precautions as appropriate, initiated on 05/28/25. <p>Surveyor reviewed R5's care plan initiated on 05/27/25:</p> <p>R5 uses antidepressant medication.</p> <p>Interventions:</p> <ul style="list-style-type: none"> -Educate the residents/family/caregivers about risks, benefits, the side effects and/or toxic symptoms, revised on 03/16/26. -Administer antidepressant medications as ordered by physician. Monitor/document side effects and (continued on next page) 		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>effectiveness revised on 03/16/26.</p> <p>-Monitor/document/report as needed adverse reactions to antidepressant therapy: change in behavior/mood/cognition; hallucinations/delusions, social isolation, suicidal thoughts, withdrawal, decline in ADL ability, continence, no voiding, falls, dizziness, weight loss, dry mouth, and dry eyes revised on 03/16/26.</p> <p>-Refer to psych and/or counseling services as needed revised on 03/16/26.</p> <p>Surveyor reviewed R5's physician orders:</p> <p>-Mycophenolate Mofetil Oral Capsule 250 MG (Mycophenolate Mofetil), Give 3 capsules by mouth one time a day for transplant related to Pancreas transplant status 1 hour before meals or 2 hours after in the am. Ordered on 02/07/26.</p> <p>-Mycophenolate Mofetil Oral Capsule 250 MG (Mycophenolate Mofetil), Give 3 capsules by mouth one time a day for transplant related to Pancreas transplant status 1 hour before meals or 2 hours after in the pm. Ordered on 02/07/26.</p> <p>-Refer to nephrology for renal transplant history ordered on 02/10/26.</p> <p>Of note, missing 37 days of mycophenolate mofetil (MMF) is a significant interruption in antirejection therapy. This medication is essential for preventing your immune system from attacking your transplant and increases the risk of acute, and potentially irreversible, graft rejection.</p> <p>Surveyor reviewed R5's Medication Administration Record (MAR):</p> <p>-On 02/20/26-03/28/26, Mycophenolate Mofetil was signed out as not given and/or held.</p> <p>Surveyor reviewed R5's progress notes, which state,</p> <p>-On 02/20/26 at 3:18 PM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG Give 3 capsule by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. Not in facility, reordered 2/20/26</p> <p>-On 02/21/26 at 6:50 AM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG Give 3 capsule by mouth one time a day for transplant related to Note Text: Mycophenolate Mofetil Oral Capsule 250 MG, give 3 capsules by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. Ok to hold per nurse practitioner, nurse practitioner aware.</p> <p>-On 02/21/26 at 4:41 PM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG Give 3 capsule by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. On order. Ok to hold per nurse practitioner.</p> <p>-On 02/22/26 at 8:24 AM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG. Give 3 capsules by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. Prior auth needed. Nurse practitioner aware ok to hold.</p> <p>-On 02/22/26 at 4:54 PM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG Give 3 capsule by (continued on next page)</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after, Hold until received per nurse practitioner.</p> <p>-On 02/23/26 at 7:15 AM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG give 3 capsules by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. Medication ordered but not available.</p> <p>-On 02/23/26 at 3:25 PM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG give 3 capsule by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. Ordered but not available yet.</p> <p>-On 02/24/26 at 11:31 AM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG. Give 3 capsule by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after.</p> <p>-On 02/25/26 at 3:21 PM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG. Give 3 capsules by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. Ordered but not in facility.</p> <p>-On 02/26/26 at 9:40 AM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG. Give 3 capsules by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. Awaiting prior authorization.</p> <p>-On 02/26/26 at 3:46 PM, Note Text: Mycophenolate Mofetil Oral Capsule 250 MG. Give 3 capsules by mouth one time a day for transplant related to pancreas transplant status 1 hour before meals or 2 hours after. On order nurse aware.</p> <p>-On 02/27/26 at 2:43 PM, Provider progress note: Late Entry:Note Text: CC: Prior authorization</p> <p>The patient requires paperwork to be filled out for prior authorization for his mycophenolate. He clearly needs this since he had 2 solid organs transplanted in the year 2004. Assessment and plan: Remote pancreas and renal transplant: The patient requires mycophenolate for his very survival in prior authorization was filled out today and we will be sent on to pharmacy and insurance for coverage.</p> <p>-On 04/22/26 at 7:42 AM, Progress note pertaining to 03/20/26 at 7:35 AM, Updated resident [R5] and spouse that we should be receiving antirejection medications today. Thanked writer for update.</p> <p>-On 04/22/26 at 7:44 AM, Progress note pertaining to 03/25/26 at 7:44 AM, Updated resident [R5] and spouse that we should be receiving antirejection medications today. Thanked writer for update.</p> <p>-On 04/21/26 at 6:50 PM, Progress note pertaining to 03/25/26 at 6:24 PM, Resident [R5] with history of renal transplant (2004) on maintenance immunosuppressive therapy. Missing evening dose of medication for several days regarding delay in pharmacy delivery related to prior authorization, R5 stable, nurse practitioner notified and aware about pharmacy delay, order to resume medication as soon as delivered, resident is already on prednisone, no new orders.</p> <p>Surveyor reviewed R5's physician orders: (continued on next page)</p>		

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 04/23/2026
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)		
F 0760 Level of Harm - Actual harm Residents Affected - Few	<p>- Tacrolimus 1mg capsule by mouth in the morning for transplant related to kidney transplant status. Ordered on 02/07/26.</p> <p>-Tacrolimus 0.5mg capsule by mouth at bedtime for transplant related to pancreas transplant status. Ordered on 02/07/26.</p> <p>Surveyor reviewed R5's Medication Administration Record (MAR):</p> <p>-On 03/19/26-03/26/26, Tacrolimus was signed out as not given and/or held.</p> <p>Surveyor was also unable to locate a medication error report regarding R5 being out of Tacrolimus and never given between 03/19/26-03/26/26.</p> <p>Surveyor reviewed R5's progress notes, which state,</p> <p>-On 03/19/26 at 6:47 AM, Note Text: Tacrolimus Oral Capsule 1 MGGive 1 capsule by mouth in the morning for transplant related to kidney transplant status. Ordered.</p> <p>-On 03/20/26 at 9:32 PM, Note Text: Tacrolimus Oral Capsule 0.5 MG.Give 1 capsule by mouth at bedtime for transplant related to pancreas transplant status. Received order to hold from nurse practitioner.</p> <p>-On 03/21/26 at 7:03 AM, Note Text: Tacrolimus Oral Capsule 1 MGGive 1 capsule by mouth in the morning for transplant related to transplant related to kidney transplant. Ordered but not in yet.</p> <p>-On 03/22/26 at 8:03 AM, Note Text: Tacrolimus Oral Capsule 1 MGGive 1 capsule by mouth in the morning for transplant related to kidney transplant status. Held.</p> <p>-On 03/23/26 at 8:45 AM, Note Text: Tacrolimus Oral Capsule 1 MGGive 1 capsule by mouth in the morning for transplant related to kidney transplant status. Ordered but not available in facility.</p> <p>-On 03/24/26 at 7:32 AM, Note Text: Tacrolimus Oral Capsule 1 MGGive 1 capsule by mouth in the morning for transplant related to kidney transplant status. Not delivered.</p> <p>-On 03/25/26 at 6:24 PM, Note Text: Tacrolimus Oral Capsule 0.5 MGGive 1 capsule by mouth at bedtime for transplant related to pancreas transplant status.Coming from pharmacy. Order to hold until it arrives.</p> <p>-On 03/26/26 at 12:01 PM, Note Text: Tacrolimus Oral Capsule 1 MGGive 1 capsule by mouth in the morning for transplant related to kidney transplant status. Stat delivery.</p> <p>According to Novartis Pharmaceuticals, . (hydralazine hydrochloride) is an antihypertensive medication originally developed to treat essential hypertension, often as a second-line agent or in combination with other medications. It acts as a direct-acting vasodilator that relaxes blood vessels, increasing blood flow to the heart while reducing its workload .</p> <p>Surveyor reviewed R5's progress notes, which state,</p> <p>-On 02/03/26 at 3:12 PM, Change in Condition note: Depression (e.g., crying, hopelessness, not (continued on next page)</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>eating, multiple somatic complaints).</p> <p>-On 02/03/26 at 3:24 PM, Health status note: concern for depression. Resident [R5] expressed he did not want to be on this earth anymore. Resident [R5] was previously taken off Duloxetine 20 mg per nurse practitioner, CMP and CBC labs. Restart duloxetine 20 mg every other day. Resident [R5] and wife agreeable to plan.</p> <p>-On 02/19/26 9:40 PM, Psychiatrist progress note: Patient [R5] is not doing well today. Reports frustration with many things today and lack of interest in participating in therapy or any activities. Therapy reports that in the last several sessions as scheduled, R5 has declined. They have concerns regarding mental health. Social work has reached out to R5's active power of attorney regarding initiation of psych services, they are awaiting a response.</p> <p>Psych: Alert and oriented x2 with argumentative ornery mood and affect.</p> <p>-On 03/24/26 at 5:46 PM, Psychiatry progress note: Patient [R5] is non-participatory in our visit today, placing his blanket over his head.</p> <p>Psych: Alert and oriented x2 with ornery mood and non-participatory affect, with blanket pulled over his head.</p> <p>Depression: Patient [R5] to continue Zoloft per primary care. Recommend initiation of psychiatric services, awaiting power of attorney approval.</p> <p>On 04/21/26 at 11:21 AM, Surveyor interviewed R5 and asked R5 how R5 is doing in the facility and if R5 had any concerns. R5 reported that R5 is tired and wants to give up. Surveyor asked R5 to elaborate on R5's feelings. R5 reported to Surveyor that the facility has dropped the ball and missed giving R5 his antirejection medication. R5 reported back in February of 2026 R5 tried asking facility to please re-fill antirejection medications as R5 is getting anxious and worried. R5 stated, I remember when I received the transplant years ago, my doctor told me I would need to be on the antirejection medications for life and to not miss a single dose. I went so long without I don't know what the long-term results are going to be and the facility acted like they did not care or try to fix the issue until a month later. R5 stated not receiving his medication made him feel anxious, afraid and depressed daily.</p> <p>On 04/21/26 at 1:15 PM, Surveyor interviewed Family Member (FM) N and asked FM N if FM N had any concerns with R5's cares at the facility. FM N reported FM N is concerned with R5 not receiving antirejection medications for over a month and FM N was not contacted until weeks later with no plan in place on when facility would receive antirejection medications. FM N reported R5 has declined and become increasingly anxious, depressed, and withdrawn, and wants to stay in room all the time now due to R5 feeling like R5 is a nuisance to facility staff. FM N stated, I am concerned with [R5's] depression and all the hiccups that have happened since [R5] was readmitted to facility.</p> <p>On 04/21/26 at 3:08 PM, Surveyor interviewed Registered Nurse (RN) D and asked how RN D determines when to order medication for when a resident runs out or is getting low. RN D reported staff should look ahead of time to see if residents are getting low on certain medications. RN D reported staff will place a reorder with the pharmacy before residents run out of medications. RN D reported if resident runs out of medication and pharmacy has not filled medication yet, then RN D would hold medication and notify physician of the medication needing to be refilled and waiting on (continued on next page)</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>pharmacy to re-fill.</p> <p>On 04/21/26 at 3:40 PM, Surveyor interviewed Pharmacist O and asked when facility had notified pharmacy R5 needed antirejection medications re-filled. Surveyor asked what Pharmacist O's process is for pharmacy refilling medications requested by facilities. Pharmacist O reported that Pharmacist O would transfer Surveyor to the billing department as [NAME] Assistant has detailed documented communication between facility and pharmacy pertaining to R5's antirejection medications. Pharmacist O reported to Surveyor the process for facilities to refill medications are to call in or fax a refill request. Pharmacy receives the request and turnaround time is within one day. Pharmacy reports if [NAME] Assistant needs any other information, then [NAME] Assistant will reach out to the facility and request the documentation needed and await facility's request. Pharmacist O reported it is common with this facility to not respond back to pharmacy in a timely fashion, so they have had to profile medications before. Surveyor asked Pharmacist O what profile means. Pharmacist O reported profile means after several attempts to communicate or gather pertinent information for prior authorizations and other insurance related concern, if facility has not gotten back to pharmacy within 3 attempts pharmacy puts the medication on standstill and discontinues the request to be re-filled, so pharmacy does not dispense until further notice is received. Surveyor asked Pharmacist O how important it is that R5 receive R5's antirejection medications for R5's status post kidney and pancreas transplant. Pharmacist O stated to Surveyor, It is critically important that [R5] receive his antirejection medications and to not stop abruptly without physician oversight due to [R5's] body rejecting the transplants.</p> <p>On 04/21/26 at 4:03 PM, Surveyor interviewed Pharmacist Business Assistant P and asked Pharmacist Business Assistant P to explain the timeline when facility requested R5's antirejection medications and when facility received the medications. Pharmacist Business Assistant P reported that facility sent a request to pharmacy on 02/20/26 at 3:20 PM. Pharmacist Business Assistant P reported since this was pharmacy's first interaction with the facility and R5's antirejection medication, Pharmacist Business Assistant P just needed a quick form filled out asking about the date R5 had a transplant, so that Pharmacist Business Assistant P could decipher between Medicare part B eligibility or if facility was going to be covering the medication costs until approved by insurance. This was sent on 2/20/26. Pharmacist Business Assistant P reported to Surveyor it is not uncommon to not hear from facility, so pharmacy tries to contact facility often but with minimal response back from facility. Pharmacist Business Assistant P reached out again on 02/21/26 for clarification if facility would cover the cost of the medication or to answer the questions on form, Documentation for Medicare Part B vs D. Pharmacist Business Assistant P reported there was no response from the facility, so Pharmacist Business Assistant P sent out requested documentation again on 02/23/26, 02/24/26, 02/25/26, and 02/26/26. Pharmacist Business Assistant P then profiled the request until facility reached out again. Pharmacist Business Assistant P reported to Surveyor it wasn't until 03/21/26, when facility reached out again for a refill request for antirejection medication for R5 to be refilled. Pharmacist Business Assistant P reported that Mycophenolate Mofetil was filled and dispensed to facility on 03/26/26 and Tacrolimus was filled and dispensed to facility on 03/26/26 after communication came back from Director of Nursing (DON) B the facility would cover the antirejection medication until facility can give the information requested to pharmacy. Surveyor asked Pharmacist Business Assistant P how the facility knows when they are receiving medications and what the medications are and for whom. Pharmacist Business Assistant P reported once pharmacy dispenses medications to facility, pharmacy courier drives to facility, and facility is given medications with a manifestation form stating when facility receives medications and how much is dispensed.</p> <p>(continued on next page)</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/22/26 at 11:17 AM, Surveyor interviewed Certified Nurse Assistant (CNA) F and asked about R5's mood and if R5 seems more depressed. CNA F reported that R5 usually is an unhappy guy since coming back from the hospital 02/06/26. CNA F is unsure why though.</p> <p>On 04/22/26 at 11:30 AM, Surveyor interviewed Assistant Director of Nursing (ADON) H and asked ADON H why R5 did not receive antirejection medications. ADON H reported R5 did not get antirejection medications due to insurance issues, but Surveyor would need to speak with DON B about the exact reason. Surveyor asked ADON H if ADON H is aware of R5's depression related to antirejection medications. ADON H reported to Surveyor, ADON H knows R5's wife and R5 were upset R5 was not receiving antirejection medications and concerned with R5's transplant being rejected. ADON H reported R5 has been secluding himself in R5's room due to transfer status and not being up to coming out and thinks the lack of antirejection medications could be a cause of the seclusion as well.</p> <p>On 04/22/26 at 12:34 PM, Surveyor interviewed DON B and asked for expectation for staff notifying provider on call for the unexpected discontinue use of antirejection medications for 37 days. DON B reported to Surveyor DON B started on 03/01/26 so DON B knows nothing prior to DON B starting with the facility, but staff should have let the provider on call know right away R5 was not receiving antirejection medications as those medications are critical to R5's health and making sure R5's body does not reject the transplant. Surveyor asked DON B what the reason was for pharmacy not refilling R5's antirejection medications. DON B reported the pharmacy has been notorious for not sending medications which are requested to be refilled. DON B reported pharmacy and the facility have a big meeting together this Thursday, 4/23/26, to address the concerns. Surveyor asked DON B's expectations on monitoring R5 for unexpected discontinuation of antirejection medications. DON B reported DON B's expectation would have been to monitor labs often and vitals on regular basis, which were not completed. Surveyor asked if DON B was aware R5 was becoming increasingly anxious, depressed and afraid of rejection issues due to not receiving antirejection medications from 02/20/26-03/28/26. DON B reported DON B was aware of the concern R5 had of not receiving antirejection medications but what was DON B supposed to do, when it was the pharmacy who was not sending the medication. Surveyor asked if DON B filled out the requested form from pharmacy asking for more documentation about R5's transplant from 2004 for pharmacy to refill the antirejection medications. DON B reported to Surveyor, DON B did fill out the form and sent it back to pharmacy but would need to look for the information on DON B's computer. Surveyor requested the email chain of communication between pharmacy and DON B and the form of documentation request filled out.</p> <p>On 04/22/26 at 1:05 PM, DON B reported to Surveyor that DON B could not find the form for documentation the pharmacy requested when facility asked for refill on R5's antirejection medication. DON B reported DON B did not start emailing communication to the account manager and pharmacy until 03/26/26 pertaining to R5's antirejection medications.</p> <p>On 04/22/26 at 4:31 PM, Surveyor interviewed Nurse Practitioner (NP) L and asked NP L if NP L was aware R5 did not receive antirejection medications for 37 days. NP L reported the facility only contacted NP L one time around 02/20/26 or so stating R5 was out of antirejection medication, and the facility requested a refill. NP L had no further orders as NP L was under the impression R5 would only be out short term. Surveyor asked NP L what short term meant. NP L reported that short-term means, maybe 24 hours. NP L reported NP L would have placed some parameters in place to assess R5 for the sudden discontinued use of antirejection medications. NP L stated, I would have expected vitals being done daily or at least weekly with labs being drawn as well periodically assessing kidney function levels. NP L reported to Surveyor it is very critical R5 not abruptly discontinue antirejection (continued on next page)</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>medications. NP L reported after R5 had hospitalization 02/04/26-02/06/26 he was readmitted back to facility with infection in the urine and a small Acute Kidney Injury (AKI), but NP L has been watching creatine levels and ALT, AST levels. R5 is doing ok with no changes on levels. NP L reported the expectation would be that staff would notify NP L immediately with changes in medications as crucial as antirejection medications and crucial steps could be taken to try to retrieve the antirejection medications STAT. NP L stated, I was not aware it was greater than 30 days [R5] went without antirejection medications.</p> <p>Example 2</p> <p>R3 was re-admitted to facility on 01/16/26 with diagnoses of end stage renal, acute posthemorrhagic anemia, type 2 diabetes mellitus, hemiplegia and hemiparesis following cerebral infarction affecting unspecified side, portal hypertension, unspecified cirrhosis of liver, kidney transplant, unspecified hydronephrosis, hypotension, diastolic heart failure, acute respiratory failure with hypoxia, arteriovenous fistula, traumatic brain injury, dependence on renal dialysis, kidney transplant infection, and history of sepsis.</p> <p>Surveyor reviewed R3's care plan:</p> <p>R3 is on an anticonvulsant medication related to nontraumatic intracranial hemorrhage, prophylactic initiated on 06/28/24, revised on 01/28/25.</p> <p>Interventions:</p> <ul style="list-style-type: none"> -Administer medications as ordered. Monitor/document for side effects and effectiveness. Date revised on 06/28/2024. -Lab monitoring by MD orders revised on 06/28/24. -Monitor side effects every shift and as needed revised on 06/28/24. -Targeted behavior: Seizure activity revised on 06/28/24. <p>Surveyor reviewed R3's physician orders:</p> <ul style="list-style-type: none"> -Lacosamide oral tablet 100mg, give 1 tablet by mouth two times a day for seizures. Ordered on 01/17/26. -Monitor VS (vital signs) Monday, Wednesday, and Friday. Notify MD of abnormalities. Ordered on 06/28/24. <p>Surveyor reviewed R3's Medication Administration Record (MAR):</p> <ul style="list-style-type: none"> -On 03/28/26-03/31/26, Lacosamide was signed out as not given and/or held. <p>Surveyor reviewed R3's progress notes, which states,</p> <ul style="list-style-type: none"> -On 03/28/26 at 8:39 AM, Note Text: Lacosamide Oral Tablet 100 MG Give 1 tablet by mouth two times a day for seizures. Not available, ordered. <p>(continued on next page)</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-On 03/29/26 at 1:32 AM, Note Text: Lacosamide Oral Tablet 100 MG Give 1 tablet by mouth two times a day for seizures. Not available.</p> <p>-On 03/29/26 at 7:17 AM, Note Text: Lacosamide Oral Tablet 100 MG Give 1 tablet by mouth two times a day for seizures. Ordered but not received.</p> <p>-On 03/30/26 at 4:33 AM, Note Text: Pharmacy called for refill of Lacosamide 100mg. E-script request sent via pharmacy staff to provider. Awaiting arrival.</p> <p>-On 03/30/26 at 6:40 AM, Note Text: Lacosamide Oral Tablet 100 MG Give 1 tablet by mouth two times a day for seizures. Pending delivery.</p> <p>-On 03/30/26 at 5:54 PM, Note Text: Lacosamide Oral Tablet 100 MG Give 1 tablet by mouth two times a day for seizures. Order to hold until arrival from pharmacy.</p> <p>On 04/22/26 at 12:34 PM, Surveyor interviewed DON B and asked if DON B knew that R3 did not receive R3's lacosamide anticonvulsant medication as ordered between 03/28/26-03/31/26 before R3 was transferred to the hospital. DON B reported to Surveyor DON B did not even know R3 was on an anticonvulsant as R3 does not have a seizure diagnosis. Surveyor asked DON B's expectations regarding medications being filled as soon as possible to prevent negative outcomes. DON B reported R3's seizure medication should not have been missed but doesn't think it contributed to R3's hospitalization on 04/01/26. Surveyor asked DON B what parameters DON B has put into place to prevent medication errors from happening in the future. DON B reported DON B will be educating staff right away on medication errors and reporting the errors right away. DON B reported DON B has gone over medication error policy back on 04/09/26 to all staff but can see with the recent medication errors that Surveyors are finding there needs to be more education given to staff. DON B reported R3 should have received R3's anticonvulsant medication.</p> <p>On 04/22/26 at 4:31 PM, Surveyor interviewed Nurse Practitioner (NP) L and asked NP L if NP L was aware R3 did not receive anticonvulsant medication for 4 days straight prior to hospitalization on 04/01/26. NP L reported NP L was unaware R3 did not receive her anticonvulsant medication. NP L reported to Surveyor anticonvulsant medication is imperative to not stop abruptly as it is used to prevent seizure activity from happening. NP L reported there should have been parameters put into place to try and get the medication right away.</p> <p>Example 3</p> <p>R2 was admitted to the facility on [DATE] with diagnoses that include enterocolitis due to clostridium difficile, chronic atrial fibrillation, congestive heart failure, and abdominal aortic aneurysm. R2 was re-admitted to the hospital on [DATE] and did not return to the facility.</p> <p>Minimum Data Set (MDS) dated [DATE] documented R2's Brief Interview for Mental Status (BIMS) score of 3, meaning severe cognitive impairment.</p> <p>R2's hospital Discharge summary dated [DATE] documented Follow-up Issues to Address: She will need a repeat INR drawn on 3/27/26 for ongoing monitoring of her warfarin anticoagulation. She will follow-up with the anticoagulation service on Monday, 3/30/26 for continued monitoring of her anticoagulation. Her INR was also suprathereapeutic on admission at 5.6 and her warfarin was held. Her INR was down to 3.2 prior to discharge. She has been monitored as an outpatient by the (continued on next page)</p>		

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 04/23/2026
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>anticoagulation service. Repeat INR on 3/28/26 was recommended for ongoing monitoring and she will follow-up with the anticoagulation service on 3/30/26. Discharge Medication Reconciliation. warfarin (warfarin 2.5 mg oral tablet) Special Instructions: Take one tablet by mouth once daily as a blood thinner.</p> <p>Review of facility's medication orders for R2 documented Warfarin Sodium Oral tablet 2.5 MG (Warfarin Sodium), (anticoagulation medication) Give 2 tablet by mouth at bedtime every Mon, Fri for anticoagulation factor and give 1 tablet by mouth at bedtime every Tue, Wed, Thu, Sat, Sun for anticoagul</p>		