STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure 1 of 5 residents (R43) received care, consistent with professional standards of practice, to prevent pressure injuries and received necessary treatment and services to promote healing, prevent infection and prevent new pressure injuries (PI) from developing.R43 was at risk for pressure injury development. The facility failed to implement aggressive interventions to prevent PI development, ensure treatment orders were completed as ordered, and failed to complete a comprehensive assessment upon discovery of a new PI on R43's left heel. R43 developed an avoidable pressure injury (PI) that deteriorated to stage IV with osteomyelitis requiring hospitalization and intravenous antibiotic therapy. This created a finding of immediate jeopardy that began on [DATE]. Surveyor notified Nursing Home Administrator (NHA) A of the immediate jeopardy on [DATE] at 2:10 PM. The immediate jeopardy was removed on [DATE]. The deficient practice continues at a scope and severity of E (potential for more than minimal harm that is not immediate jeopardy/pattern) as the facility continues to implement its action plan.This is evidenced by:The facility's policy titled, Pressure Ulcer/Skin Breakdown- Clinical Protocol, revised [DATE], states in part, Assessment and Recognition . 3. The physician and staff will examine the skin of new admission for ulcerations or indications of Stage 1 pressure area that has not yet ulcerated at the surface. Treatment and Management . 1. The physician will authorize pertinent orders related to wound treatments . Monitoring . 2. The physician will help staff review and modify the care plan as appropriate, especially when . new wounds develop despite existing interventions.According to the National Pressure Injury Advisory Panel (NPIAP), a stage 3 pressure injury is defined as full-thickness loss of skin in which adipose (fat) is visible in the ulcer, and granulation tissue and rolled wound edges (epibole) are often present. Slough and/or eschar may be visible, but it does not obscure the depth of tissue loss.A stage 4 pressure injury is defined as full-thickness skin and tissue loss with directly palpable or exposed fascia, muscle, tendon, ligament, cartilage, or bone. These deep, often crater-like wounds may include slough, eschar, undermining, and tunneling.<According to https://www.mayoclinic.org/diseases-conditions/osteomyelitis/symptoms-causes/syc-20375913> Osteomyelitis is an infection in a bone. Infections can reach a bone through the bloodstream or from nearby infected tissue. Infections also can begin in the bone if an injury opens the bone to germs. People who smoke and people with chronic health conditions, such as diabetes or kidney failure, are at higher risk of getting osteomyelitis. People who have diabetes with foot ulcers may get osteomyelitis in the bones of their feet. Most people with osteomyelitis need surgery to remove areas of the affected bone. After surgery, most often people need strong antibiotics given through a vein. Risk factors: Healthy bones resist infection. But bones are less able to resist infection as you get older. Besides wounds and surgery, other factors that can increase your risk of osteomyelitis may include Conditions that weaken the immune system. This includes diabetes that isn't well-controlled. Peripheral artery disease. This is a condition in which narrowed arteries cut blood flow to the arms or legs. Pressure injuries. People who can't feel pressure or who stay in one position for too long can get sores on their skin where the pressure is. These sores are called pressure injuries. If a sore is there for a time, the bone under it can become infected. Complications: Osteomyelitis complications may (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	include bone death, also called osteonecrosis. An infection in your bone can block blood flow within the bone, leading to bone death. If you have areas where bone has died, you need surgery to remove the dead tissue for antibiotics to work.R43 was admitted on [DATE] after hospitalization for sepsis with multi-organ failure, type 2 diabetes mellitus without chronic complications, chronic kidney disease stage 3 unspecified, unspecified dementia, type 2 diabetes mellitus with diabetic chronic kidney disease, essential (primary) hypertension, and heart failure unspecified.R43's initial care plan, dated [DATE], contains the goal of having intact skin, free of redness, blisters, or discoloration ongoing and through review date. The care plan identified R43 at increased risk for pressure ulcer development with an intervention of a pressure reducing mattress. Interventions for initial care plan included, administer treatments as ordered, the resident requires pressure reducing mattress to bed, utilize barrier creams with each incontinent episode.A Comprehensive Minimum Data Set (MDS) dated [DATE] indicated no pressure ulcer/injuries and no surgical wounds. The MDS identified R43 was at risk for pressure ulcer development. Of note, the surveyor could not obtain documentation of the tool used to assess this or the score indicating R43's risk for pressure ulcers.The quarterly MDS assessment dated [DATE] indicated R43 had no pressure ulcers/injuries and 1 surgical wound.On [DATE] at 3:30 PM, a wound care progress note written by Medical Doctor (MD) Z stated, R43 had a Stage 3 pressure wound of the right medial buttock, measuring 3.1 cm long x 0.9 cm wide x 0.1 cm deep. This wound on the right medial buttock was resolved on [DATE].On [DATE] at 2:30 PM, R43's medical record had a Situation-Background-Assessment-Recommendation (SBAR) form completed, which indicated resident [R43] has a new wound to the right heel 8cm x 5cm open. Resident [R43] is not voicing any complaints of (c/o) pain at this moment. A bandage is put on wound and wrapped in gauze. Pressure boots were put on the resident while in bed. There was no comprehensive assessment completed which would include characteristics of the wound.Note: documentation of right heel is incorrect. The new wound is on the left heel.On [DATE], R43's TAR indicated, Location of wound left (L) heel. Treatment, at bedtime, cleanse with Normal Saline, pat dry, apply foam dressing, secure in place with Kerlix, change daily. Daily assessment of wound drainage, general appearance, and surrounding skin noted. Surveyor could not find evidence of a comprehensive wound assessment completed on left heel wound until [DATE].On [DATE] at 3:55 PM, wound care progress notes by MD Z, documented R43 had a blister on left heel has ruptured, open wound today. Wound size 4cm long x 6.2 cm wide, depth is not measurable due to presence of nonviable tissue and necrosis. MD Z performed debridement to remove necrotic tissue and establish margins of viable tissue. Post surgical wound of the left heel. MD Z's new wound care treatment plan was to add Betadine to the dressing change and perform dressing change twice a day and as needed: if saturated, soiled or dislodged for 30 days.R43's TAR indicates order was not changed and treatment to R43's left heel remained once a day at bedtime, cleanse with Normal Saline, pat dry, apply foam dressing, secure in place with Kerlix until [DATE]. The new order stating the addition of Betadine to the dressing change and to change the dressing twice daily and as needed; if saturated, soiled or dislodged for 30 days was not transcribed onto TAR nor performed by nursing for R43's wound.On [DATE] at 3:12 PM, a progress note indicates R43 was seen by MD Z. R43's left heel wound measured 3.2 cm long x 2.1 cm wide x 0.1 cm deep. MD Z did debridement of R43's wound. R43's order was changed back to performing wound care once a day. New order written stated, primary dressing, Betadine, apply once daily and as needed: if saturated, soiled, or dislodged for 23 days. Secondary dressing, gauze roll (kerlix) 3.4 apply daily and as needed: if saturated, soiled, or dislodged for 30 days.On [DATE], R43's TAR indicated to start every shift and as needed, left heel, treatment to cleanse with NS, pat dry, paint with betadine, ABD secured and kerlix applied. TAR indicated this was started on [DATE] as ordered and performed until [DATE].R43's care plan was not updated until [DATE] to include R43's actual impairment to skin integrity of the left heel related to surgical wound. An intervention of weekly treatment documentation to include measurement of skin breakdown and to monitor/document location, size, and treatment of skin injury.On [DATE] at 3:14 PM, wound care progress notes by MD Z stated R43's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	wound measured 3.1 cm long x 5.4 cm wide. Depth was unmeasurable due to presence of dried fibrinous exudate. MD Z ordered to discontinue betadine and start Hydrofera blue applied once daily and as needed: if saturated, soiled or dislodged for 30 days. And a secondary gauze kerlix for 16 days and gauze island with border applied daily for 30 days.On [DATE] at 12:02 PM, MD Z's progress note stated R43 was hospitalized due to a non-wound matter.On [DATE] at 11: 11 PM, R43's progress note states: R43 arrived to the facility via [transport company name]. Surveyor found no documentation of a comprehensive assessment upon admission.On [DATE] at 11:05 AM, wound care progress notes by MD Z stated R43 returned from hospital with a Stage 4 pressure wound of the left heel. Left heel measures 3.5 cm long x 7 cm wide x 1.3 cm deep. MD Z's treatment orders are primary dressing Hydrofera blue apply once daily and as needed. For 8 days, Collagen powder apply once daily and as needed. For 30 days, Hypochlorous acid solution (vashe) apply once daily and as needed.On [DATE], R43 had an additional wound care order from the hospital, which stated Tobramycin Sulfate Injection solution [antibiotic used to treat serious bacterial infections], apply to left heel topically two times a day for wound care.Progress notes from MD Z dated [DATE], [DATE], and [DATE] indicated no change in treatment orders and R43's left heel wound continued to improve and decrease in size.On [DATE] at 12:30 PM, an SBAR was completed on R43 related to change in condition. SBAR documents Blood Pressure 145/65, Pulse 111, Respirations 22 per minute, oxygen saturation 98%, Blood Sugar 162 mg/dl/ States R43 weak, has a bloody nose. R43 seen by Nurse Practitioner (NP).On [DATE] at 7:04 PM, R43's progress note from MD Z stated, this (wound) has been gently packed, and the patient is going to be sent to the ER for chills and rigors possibly due to sepsis. The note states the patient [R43] appears to be septic with tachypnea and tachycardia. The source is unknown at this time, but it was felt that a rapid workup could not be done at the facility so he [R43] can be sent to the emergency room for treatment and workup.On [DATE] at 2:50 PM, Surveyor called hospital SW BB, who reported R43 has since been admitted to the hospital with sepsis and needed to be transferred to a higher level of care for treatment of sepsis. On [DATE] at 1:10 PM, Surveyor interviewed MD Z, who reported he felt R43's wounds were improving and that R43 was hospitalized due to urosepsis.On [DATE] at 1:00 PM, Surveyor reviewed R43's hospital discharge record, which indicated R43 was hospitalized for sepsis secondary to streptococcus dysgalactiae bacteremia-left calcaneal osteomyelitis (a left heel infection). Hospital noted as diagnosis this was an open wound of the left heel, and pressure injury of the left heel, stage 4. Hospital records state the podiatry clinic was consulted and due to R43's comorbidities, R43 would be discharged to facility with IV (intravenous) antibiotics first. Records indicate that a biopsy followed by cutting half of R43's heel may result in loss of mobility for a long time and R43 will also need extensive wound care including wound VAC etc. R43 may not heal well after the procedure; it may interfere with quality of R43's life given multiple comorbidities. Podiatry recommended against procedure and try IV antibiotics with goals of care discussion.On [DATE] at 2:37 PM, R43 was readmitted to the facility following hospitalization.On [DATE] at 9:20 AM, Surveyor interviewed DON J, who agreed wound care orders from MD Z were not followed and R43's care plan was not updated. DON J also agreed that the expectation of the facility staff would be R43's wound care treatment orders be followed, completed, and documented by facility nurses, and R43's care plan been updated to address changes and new interventions. DON J stated the comprehensive wound assessments were performed by MD Z and that is why there is not documentation of comprehensive wound care assessment by facility nurses.On [DATE] at 11:04 AM, Surveyor interviewed NHA A via telephone and asked why the facility did not complete comprehensive assessments on R43 with development of the new PI on the heel, changes in treatments for the PI, and for ensuring wound is observed for changes between the weekly wound MD visits. NHA A stated the facility doesn't do comprehensive assessments. NHA A stated they fill out the SBAR if there is a change in the residents. Surveyor stated to NHA A that there was only one SBAR that was completed on R43 dated [DATE] at 2:30 PM, documenting a new PI on the left heel with only measurements and that PI was wrapped and pressure boots applied to feet when (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R43 is in bed. NHA A did not have any further information.On [DATE] at 12:41 PM, Surveyor received a summary of R43's treatment progress from MD Z. The email concludes its review of R43's care by noting: On [DATE], MD Z's progress note states: Pt. [R43] brought to ER for acute abdominal pain, diagnosed with acute cholecystitis; hospital record denotes history of (h/o) peripheral artery disease (PAD), diabetes mellitus (DM),chronic kidney disease (CKD), describes L heel ulcer status post (s/p) recent debridement; heel ulcer treated with antibiotic (Abx), noted that hospital discharge summary recommends out-patient follow-up with no indication of urgent wound debridement requiring transfer, as patient has remained vitally stable.On [DATE], MD Z's progress note states: Pt. [R43] seen at facility by [name of physician] reports feeling well, L heel wound much improved. MD Z's treatment progress goes on to say that comprehensive clinical diagnosis and intraoperative wound debridement were performed during his hospitalization of [DATE] to [DATE], and specialty out-patient recommendations continued thereafter, the clinical impression is that these unfortunate complications appear to have developed despite appropriate and consistent out-patient care at [name of facility], on the basis of chronicity of this gentleman's [R43's] wound and co-morbidities; (documentation supporting the above has been submitted, i.e. Unavoidable Pressure Injury criteria). Surveyor, however, notes the facility did not conduct comprehensive assessments of R43 with the development of the left heel PI, nor conduct comprehensive assessments of R43 to note any changes in the PI in between the weekly MD visits for wound care, did not implement new interventions for R43 to prevent further development of PIs, and failed to ensure treatment orders were transcribed and followed as per physician orders. This PI deteriorated to a stage IV with osteomyelitis, which required hospitalization and IV antibiotics.The facility's failure to implement aggressive interventions to prevent PI development, ensure treatment orders were completed as ordered and complete a comprehensive assessment upon discovery of a new left heel PI created a reasonable likelihood for serious harm which led to a finding of immediate jeopardy. R43 developed an avoidable PI which deteriorated to a stage IV with osteomyelitis requiring IV antibiotics. The facility removed the immediate jeopardy on [DATE], when it completed the following:Facility initiated education for all licensed nursing staff (RNs and LPNs) immediately upon IJ notification and completed prior to the next scheduled shift including:Prompt identification and reporting of new pressure injuries.Completion of comprehensive assessments upon discovery of a new PI.Completion of daily diabetic foot checks.Accurate transcription, initiation, and completion of physician ordered treatments.Implementation of aggressive PI prevention and treatment interventions per standards of practice.Education on notification of physician/np of all new PI as well as any significant changes to PI.Licensed nursing staff completed competency validation related to PI staging and documentation, treatment application per physician orders, and heel offloading, repositioning, skin protection, and preventive interventions.Facility conducted skin assessments and Braden scale assessments of all residents in the facility.Facility conducted TAR audits of residents to ensure wound treatments were completed as ordered.Facility reviewed resident wound treatment orders to ensure they were accurate and appropriate.Facility conducted wound round audits on all residents with wounds/PIs.The deficient practice continues at a scope/severity level E (potential for more than minimal harm that is not immediate jeopardy/pattern) as the facility continues to implement its action plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility did not develop and implement policies that prohibit and prevent abuse, neglect, exploitation of residents, and misappropriation of resident property and includes the screening of prospective employees and residents. 16 out of 17 sampled staff (Certified Nursing Assistant (CNA) O, CNA P, CNA Q, Social Worker (SW) F, Dietary Manager (DM) E, Activities Director (AD) I, and Licensed Practical Nurse (LPN) R), CNA W, CNA GG, CNA HH, CNA G, CNA II, Dietary Aide (DA) JJ, Business Office (BO) KK, Registered Nurse (RN) LL, and LPN K did not receive a full background check, which includes the Background Information Disclosure (BID), Department of Justice (DOJ) criminal background response and State of Wisconsin Caregiver Background Check - Government Findings Reports (previously IBIS) reviewed. 1 out of 17 staff reviewed (CNA G) previously lived in another state and the background check was not completed for that state. Incomplete background checks could impact all 47 residents residing at facility. With incomplete background checks the facility would not know an employee's history of possible abuse, neglect, exploitation, or mistreatment or misappropriation of property by a court of law.CNA O was hired on 07/13/25 and did not have a DOJ criminal background record or Government Findings Report within 60 days of hire.CNA P was hired on 10/02/25 and did not have a DOJ criminal background record or Government Findings Report within 60 days of hireCNA Q was hired on 12/09/24 and did not have a DOJ criminal background record or Government Findings Report within 60 days of hire.LPN R was hired on 04/08/25 and did not have a DOJ criminal background record or Government Findings Report within 60 days of hire. DM E was hired on 04/15/25 and did not have a DOJ criminal background record or Government Findings Report included in required background checks. SW F was hired on 02/20/25 and did not have a DOJ criminal background record or Government Findings Report included in required background checks. AD I was hired on 09/08/25 and did not have a DOJ criminal background record or a Government Findings Report included in required background checks. CNA W was hired on 10/1/20 and last background check was completed on 03/9/21. CNA W did not have a current BID, DOJ criminal background record, or a Government Findings Report within the last 4 years.CNA GG was hired on 10/20/25 and did not have a DOJ criminal background record or a Government Findings Report included in required background checks within 60 days of hire.CNA HH was hired on 1/5/26, did not have a BID, and DOJ criminal background and the Government Findings Report were completed on 01/27/26 after Surveyor entered the facility.CNA G was hired on 07/02/24 and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 after Surveyor entered the facility. CNA G had previously lived in Florida from 2017 to 2023, and no background check was completed for the state of Florida.CNA II was hired on 01/09/26, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 after Surveyor entered the facility.DA JJ was hired on 11/10/25, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 after Surveyor entered the facility.BO KK was hired on 06/04/25, did not have BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 after Surveyor entered the facility.RN LL was hired on 01/05/26, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 after Surveyor entered the facility.LPN K was hired on 07/07/25, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 after Surveyor entered the facility.This is evidenced by: Facility policy titled Abuse Investigation and Reporting, revised 12/2016, states in part: As part of the resident abuse prevention, the administration will.2. Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has: (a) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law: (b) Have a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (c) Have a disciplinary action in (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. Facility policy titled Background Screening Investigations, no revision date states in part: Our facility conducts employment background screening checks, reference checks, and criminal conviction investigation checks on individuals making application for employment with our facility. Policy Interpretation and Implementation:The Personnel/Human Resources Director or other designee will conduct employment background checks, reference checks, and criminal conviction checks (including fingerprinting as may be required by state lawa0 on persons making application for employment with this facility. Such investigations will be initiated within two days of employment or offer of employment.For any individual applying for a position of Certified Nursing Assistant, the state nurse aide registry will be contacted to determine if any findings of abuse, neglect, mistreatment of individuals, and/or theft of property have been entered into the applicant's file.On 01/11/2026, Surveyor requested caregiver background check and misconduct reporting on a sample of 8 staff members from Assistant Nursing Home Administrator (ANHA) B. Reports were provided by ANHA B on 01/12/2026.On 01/12/2026, Surveyor noted background checks were incomplete for CNA O, CNA P, CNA Q, CNA R, SW F, DM E, AD I, and LPN R. A second request was made to ANHA B for missing reports on 01/12/2026.On 01/13/2026 at 10:53 AM, Surveyor made a third request to Director of Nursing (DON) J for complete background checks for CNA O, CNA P, CNA Q, CNA R, SW F, DM E, AD I and LPN R. On 01/13/2026 after 4:00 PM, ANHA B provided requested DOJ and Government Findings Reports for DM E, SW F, CNA O. Surveyor notes all reports are dated as 01/13/2026 after 3:00 PM, the request date and time made by the facility, which is after Surveyor entered the facility. CNA O was hired on 07/13/25 and did not have a DOJ criminal background record or Government Findings Report within 60 days of hire.CNA P was hired on 10/02/25 and did not have a DOJ criminal background record or Government Findings Report within 60 days of hireCNA Q was hired on 12/09/24 and did not have a DOJ criminal background record or Government Findings Report within 60 days of hire.LPN R was hired on 04/08/25 and did not have a DOJ criminal background record or Government Findings Report within 60 days of hire. SW F was hired on 02/20/25 and did not have a DOJ criminal background record or Government Findings Report included in required background checks within 60 days of hire.AD I was hired on 09/08/25 and did not have a DOJ criminal background record or a Government Findings Report included in required background checks within 60 days of hire.On 01/13/2026, ANHA B provided Surveyor with the DOJ criminal background record and Government Findings report for DM E. DM E was hired on 04/15/25 and did not have a DOJ criminal background record or Government Findings Report included in required background checks within 60 days of hire. Both the DOJ and the Government Findings reports were dated 01/13/2026 at 3:42 PM, which was after Surveyor entered building for survey. On 01/13/2026, Surveyor reviewed the DOJ report, which was not completed until 07/13/25, by a third-party vendor, Checkr, which is greater than 60 days of hire date. On 01/14/2026 at 4:00 PM, time of survey exit from facility, no DOJ or Government Findings reports were made available to Surveyor by facility for LPN R and CNA P. On 01/14/2026 at 12:44 PM, Surveyor interviewed DON J and Nursing Home Administrator (NHA) A and asked what the facility expectations are for completing background checks on new employee hires. NHA A stated they use third party vendors for all new employee hire background checks. NHA A and DON J stated they were not aware Department of Justice criminal background checks, as well as State of Wisconsin caregiver background checks, were required upon hire. NHA A informed Surveyor both NHA A and DON J resided in the state of Texas and were not aware of Wisconsin criminal background and caregiver check laws. NHA A confirmed all requested DOJ and Government Findings Reports provided to Surveyor on 01/13/2026, were also dated for 01/13/26, which was after the Surveyor entered the facility. On 01/27/26 at 11:30 AM, Surveyor requested background checks from Nursing Home Administrator (NHA) A on CNA W, CNA GG, CNA HH, CNA II, CNA G, CNA II, DA JJ, BO KK, RN LL, and LPN K.CNA W was hired on 10/1/20 and last background check was completed on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	03/9/21. CNA W did not have a current BID, DOJ criminal background record, or a Government Findings Report within the last 4 years.CNA GG was hired on 10/20/25 and did not have a DOJ criminal background record or a Government Findings Report within 60 days of hire. Reports Surveyor received were completed on 01/17/26 at 12:06 PM, after Surveyor entered facility for survey.CNA HH was hired on 1/5/26, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 at 12:17 PM, after Surveyor entered the facility.CNA G was hired on 07/02/24 and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 at 12:52 PM, after Surveyor entered the facility, which was greater than 60 days of hire. CNA G had previously lived in Florida from 2017 to 2023, and no background check was completed for the state of Florida.CNA II was hired on 01/09/26, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 at 12:15 PM, after Surveyor entered the facility.DA JJ was hired on 11/10/25, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 at 12:26 PM, after Surveyor entered the facility, which is greater than 60 days of hire.BO KK was hired on 06/04/25, did not have BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 at 12:27 PM, after Surveyor entered the facility, which is greater than 60 days of hire.RN LL was hired on 01/05/26, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 at 12:29 PM, after Surveyor entered the facility, which is greater than 60 days of hire.LPN K was hired on 07/07/25, did not have a BID, and the DOJ criminal background and the Government Findings Report were completed on 01/27/26 at 12:31 PM, after Surveyor entered the facility which is greater than 60 days of hire.On 01/27/26 at 3:30 PM, Surveyor interviewed NHA A and asked why the sampled employees did not have the BID completed. NHA A stated that was something the facility is working on to implement in their hiring process. NHA A gave Surveyor a newly completed policy titled Training: Completing the Wisconsin BID Form at Time of Hire. NHA A stated this will be started for new hires. Surveyor informed NHA A that the DOJ criminal backgrounds and the Government Findings Reports on the sampled staff were completed on today's date of 01/27/26, which was after the Surveyor entered the facility. NHA A stated he realizes these were not completed timely. Surveyor informed NHA A that CNA W's last background check was completed on 03/09/21 and it should be completed every 4 years. Surveyor informed NHA A that CNA G also lived in Florida and there was no background check completed for Florida. NHA A stated this entire part of hiring is something the facility is working on.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility did not ensure a registered nurse (RN) worked at the facility for at least eight (8) consecutive hours a day, seven days a week, on 3 of 92 days reviewed. This deficient practice had the potential to affect all 47 residents.The facility was unable to provide documentation to support that an RN was working in the facility for at least 8 consecutive hours on 08/15/25, 09/08/25, and 09/09/25.This is evidenced by:Surveyor reviewed the PBJ Staffing Data Report for fiscal year Quarter 4 2025 (July 1 - September 30) which triggered for 4 or more days within the quarter with no RN hours on 08/15/2025, 09/08/25, 09/09/25 and 09/14/25.Surveyor reviewed the facility staff scheduled and nurse posting for the last 92 days of Quarter 4 2025 (July 1- September 30). Surveyor noted on 08/15/2025 (Friday), 09/08/25 (Monday), and 09/09/25 (Tuesday) there was not an RN scheduled for 8 consecutive hours. On 01/14/26 at 10:05 AM, Surveyor interviewed Nursing Home Administrator (NHA A) and the Assistant Nursing Home Administrator (ANHA B) regarding the facility PBJ Staffing report for fiscal year quarter 4 (July 1 - September 30).On 01/14/26 at 10:40 AM, Surveyor interviewed NHA A and ANHA B regarding the facility's daily staff posting process who indicated the receptionist will post the staff posting in the mornings after updating the census and that the facility not manually update the posting but reflect changes on schedule which is not posted for the public.On 01/14/2026 at 1:24 PM, Surveyor received documentation to support RN coverage on 09/14/25 from ANHA B who stated that during the time period of on 8/15/25 - 0/9 /14/25, corporate RNs were doing a rotating schedule for the 8 hours required coverage but was unable to provide further documentation to support RN coverage for 08/15/2025, 09/08/25, and 09/09/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility did not ensure safe storage and labeling of foods in accordance with professional standards for food service safety for 47 of 47 residents which could result in residents consuming unsafe foods with biological, chemical, or physical contamination. Facility's dry storage area contained packages of food opened, not in labeled containers and without a use by date identified on packaging.Refrigerator in resident common area contained opened dishes of food without resident identification, date opened or use by dates. This is evidenced by: The facility policy, titled Food Receiving and Storage, revised 12/2008, states in part: Dry foods that are stored in bins will be removed from original packaging, labeled and dated ('use by' date) .All foods stored in the refrigerator or freezer will be covered, labeled and dated ('use by' date). On 01/11/2026 at 9:08 AM, Surveyor observed an opened package of yellow cake mix sitting on top of a box on shelf in kitchen dry food storage area. The cake mix's packaging was not labeled with date opened, or a use by date. Surveyor also observed three opened and partially used bags of dry cereal sitting on shelf in dry food storage area not labeled with a date opened or use by date. On 01/11/2026 at 11:04 AM, Surveyor observed half a sandwich on plate covered with clear film wrap in resident refrigerator in resident day room area. The sandwich did not have a use by date. Surveyor observed in same refrigerator a large plastic red container containing a pasta meal with no identification of ownership, date opened or use by date on container. Surveyor observed in same refrigerator an opened bottle of Miracle Whip salad dressing and plastic tub of Land O' Lakes butter with no use by date. Surveyor observed in same refrigerator a solidified yellow substance in a storage drawer and along bottom of refrigerator that spilled from an unknown source. On 01/11/2026 at 11:05 AM, Surveyor observed a temperature reading of 50 degrees on thermostat inside of resident refrigerator in day room area. Refrigerator door was slightly ajar at time of observation caused by a large box of pudding stored inside of refrigerator. On 01/12/2026 at 7:00 AM, Surveyor observed a partially eaten pizza in a cardboard box in resident refrigerator in day room area without identification of ownership or use by date. Surveyor also observed an unmarked Kwik Trip disposable cup of unknown liquid substance with no identification of ownership or use by date in resident refrigerator in day room. On 01/12/2026, at 8:49 AM, Surveyor observed an opened and partially used bag of elbow pasta on shelf in dry food storage area not labeled with opened date or use by date. Opened and unlabeled bags of yellow cake mix and dry cereals observed on 01/11/2026 remained in same condition on shelves. On 01/13/2026 at 7:00 AM, Surveyor interviewed Dietary Manager (DM) E and asked what facility expectations are for dry food storage in kitchen and food storage in resident refrigerators in designated common areas. DM E stated all opened foods in dry food storage should be transferred from original packaging once opened into a container and labeled with name of food and a use by date. DM E stated for resident refrigerators, all foods should be labeled with a resident's name and date opened or delivered. DM E stated no staff foods are to be stored in resident refrigerators and could not confirm if any foods observed in resident refrigerators belonged to residents or staff. DM E stated nursing staff oversee resident refrigerators and maintain temperature logs and cleaning. DM E stated dietary will make up sandwiches to be provided as bedtime snacks for residents and they should always be labeled with a use by date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and interview, the facility did not ensure all garbage and refuse was properly contained inside dumpsters to prevent the harborage and feeding of pests. This has the potential to affect all 47 residents residing at facility.This is evidenced by: On 01/11/2026 at 9:27 AM, Surveyor observed several bags of garbage on the ground next to dumpsters located outside and near kitchen back door. On 01/11/2026 at 9:27 AM, Surveyor asked Dietary Manager (DM) E what facility policy was for disposal of garbage. DM E stated none of the bags observed on the ground was disposal from the kitchen. DM E stated the bags observed were left there by other staff, namely nursing, and it happened every day. DM E stated administration has been made aware on several occasions this was happening.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections which had the potential to affect all 47 residents.-Staff did not sanitize mechanical lift after transferring a resident on enhanced barrier precautions.-Hand hygiene not offered to residents prior to meals.-Lack of Personal Protective Equipment (PPE) worn in isolation rooms.-No Enhanced Barrier Precautions (EBP) for resident with indwelling catheter.-No droplet precautions for resident COVID positive.-Improper hand hygiene with cares-Dirty linens placed on the floor-Urinary catheter lying on the floorFindings include: Facility policy titled, Policies and Practices-Infection Control, last revised July 2014, reads in part: This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.This facility's infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, volunteer workers, and general public alike.The objectives of our infection control policies and practices are to.prevent, detect, investigate, and control infections in the facility.Establish guidelines for implementing Isolation Precautions, including Standard and Transmission-Based Precautions (TBP). Facility Policy titled, Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others.Resident-Care Equipment: When possible dedicate the use of non-critical resident-care equipment items.to a single resident.if use of common items is unavoidable, then adequately clean and disinfect them before use for another resident.Implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets. A Memorandum Summary from The Centers for Medicare and Medicaid Services (CMS), dated 03/20/24, reads in part: EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug-resistant organism status. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. No facility policy on EBP was available upon request. Example 1 R55 was admitted to the facility on [DATE]. R55 was admitted with an indwelling urinary catheter. On 01/11/26 at 10:14 AM, Surveyor interviewed R55. Surveyor observed R55 had an indwelling urinary catheter. Surveyor observed there was no sign for EBP on or near R55's door, and no PPE outside/just inside R55's room. Example 2 R10 was admitted to the facility on [DATE]. R10's diagnosis included paraplegic, post laminectomy syndrome, fusion of the spine, uninhibited neuromuscular dysfunction of bladder. R10 was on Enhanced Barrier Precautions (EBP) due to indwelling urinary catheter and had signage posted upon entrance of room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 1/11/2026 at 12:09 PM, Surveyor observed R10's uncovered urinary catheter bag touching the floor while hanging from bottom of wheelchair. R10 stated it is usually hooked up higher, but she had new staff help her this morning. R10 put her light on and requested staff reposition catheter bag. On 1/12/26 at approximately 9 AM, Surveyor observed R10's uncovered urinary catheter bag lying directly on the floor under R10's bed, not hooked to anything. CNA DD entered R10's room and asked R10 if she wanted to get out of bed. R10 stated she did and CNA DD brought in Hoyer lift and put on gloves. CNA DD did not put on a gown. CNA DD picked up R10's catheter bag off the floor and placed it on top of R10's bed. CNA DD rolled R10 from side to side laying across R10's torso, touching R10 with CNA's exposed clothing, and placing mesh sling under R10. After transferring R10 into wheelchair, CNA DD hooked urinary catheter bag under R10's wheelchair. Surveyor interviewed CNA DD, who stated she is unaware of who put R10's urinary catheter bag on the floor. CNA DD is aware the catheter should never touch the floor. Surveyor interviewed CNA DD about R10's EBP. CNA DD reported R10 is on EBP because R10 has a catheter. Surveyor asked CNA about use of gowns with direct patient care and transfers. CNA DD reviewed sign on R10's door on EBP and stated she was unaware that she should have worn a gown providing direct patient contact and transferring R10. On 1/13/2026 at 8:35 AM, Surveyor interviewed DON J, who stated the resident catheter bags should not touch the ground and agreed the expectation would be to wear gowns when providing direct patient care, such as transfers, with resident on EBP. Example 3 On 01/11/26 at 10:42 AM, Surveyor observed LPN V come out of an enhanced barrier precautions room. LPN V came out of the room with a Hoyer lift. Surveyor observed LPN V place lift in corner of hall near shower room and did not clean lift. Surveyor observed there were no cleaning supplies on lift. Facility currently has COVID 19 in building. On 01/11/26 at 10:48 AM, Surveyor interviewed CNA W. CNA W stated the facility's policy is to sanitize lifts using sani-wipes. CNA W states sani-wipes are on medication carts or in PPE bins. CNA W confirmed sani-wipes are not kept in resident rooms. On 01/11/26 at 11:04 AM, Surveyor interviewed LPN V. LPN V was aware she did not sanitize the lift, and stated she was just trying the help the CNA with a transfer. Example 4 On 01/12/26 at 10:49 AM, Surveyor observed Maintenance Director (MD) H entering rooms [ROOM NUMBERS] with only a facemask on. Both rooms have droplet precautions in place in relation to positive COVID infections. On 01/12/26 at 11:03 AM, Surveyor interviewed MD H. MD H stated staff should wear gowns, gloves, and masks in EBP rooms. MD H stated in droplet rooms, staff should wear a mask to protect from droplets. MD H asked Surveyor if that was right. Surveyor informed MD H that MD H would have to answer independently. MD H stated that MD H was previously provided education in relation to all the isolation precautions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Surveyor reviewed MD H's onboarding education checklist. The checklist indicated MD H was educated on bloodborne pathogens, EBP, and donning and doffing PPE, but did not include specific training related to TBP. Example 5 On 01/14/26 at 6:45 AM, Surveyor interviewed R58. R58 reported being upset as R58 was just informed R58 was COVID positive. Surveyor observed no isolation precautions signs related to COVID were present on or near R58's room/door. On 01/14/26 at 6:49 AM, Surveyor interviewed Hospitality Aide (HA) CC. HA CC confirmed R58 was positive for COVID and was in the process of making copies of droplet precautions signs. Surveyor reviewed R58's progress notes. Progress notes indicated R58 was confirmed positive for COVID the evening of 01/13/26. On 01/14/26 at 11:14 AM, Surveyor interviewed Licensed Practical Nurse (LPN) L. LPN L stated 5 new cases of COVID popped up on 01/13/26 in the evening. LPN L reported the infection control nurse was responsible for the signage and PPE for new cases or changes. If the infection control nurse is not in the building, such as after hours, the charge nurse is then responsible. LPN L stated Certified Nursing Assistants (CNAs) are able to retrieve the PPE and place the signage, but the charge nurse on duty is responsible for making sure it is done. On 01/14/26 at 1:27 PM, Surveyor interviewed Director of Nursing (DON) J. DON J stated staff are educated on TBP upon hire and as needed. DON J stated the charge nurse is responsible for signage and PPE for any changes and new cases and then notifies the DON who makes sure it is in place. Staff then notifies the provider and power of attorney if appropriate. Example 6 R60 was admitted to the facility on [DATE] with diagnoses including malnutrition, syncope and collapse, age related osteoporosis, and atrial fibrillation. On 1/12/26 at 10:15 AM, Surveyor observed CNA G provide incontinence cares to R60. After CNA G wiped stool from R60's buttocks and continued to provide incontinent cares, CNA G did not change gloves. CNA G continued to reposition R60 with same gloves on, moved linens from bed to chair and touched items on the bed table before removing gloves and washing her hands. On 1/12/26 at 10:35 AM, Surveyor interviewed CNA G about when to remove gloves and practice hand hygiene, prior to repositioning and touching linens etc. CNA G stated she should have changed her gloves and performed hand hygiene after wiping stool from R60 and before touching items. On 1/13/2026 at 8:35 AM, Surveyor interviewed DON J, who stated staff should change gloves and perform hand hygiene immediately after performing incontinence cares. Example 7 On 01/12/2026 at 8:48 AM, Surveyor observed CNA G cue R50 to reach for grab bar and stand from toilet after voiding. CNA G conducted hand hygiene and donned a clean pair of gloves, conducted peri (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	care with a wet washcloth and proceeded to throw contaminated washcloth on floor. CNA G removed gloves and without conducting hand hygiene, pulled up R50's pants, adjusted R50's shirt and removed gait belt. On 01/12/2026 at 2:08 PM, Surveyor interviewed CNA G regarding observation of no hand hygiene after glove change following peri care on R50, and observation of discarding used washcloth on the floor. CNA G stated she should have conducted hand hygiene after removing gloves before proceeding with cares. Surveyor asked CNA G the expectation of what to do with soiled linens. CNA G stated linens should go in a plastic bag and taken to soiled utility room. Surveyor asked CNA G what she did with washcloth after conducting peri care on R50. CNA G stated she believed she held onto it. When Surveyor told CNA G of observation of discarding washcloth on the floor, CNA G laughed and said, Did I really do that? I don't remember. On 01/13/26 at 4:12 PM, Surveyor interviewed DON J regarding expectation of discarding soiled linens and hand hygiene and glove change after incontinence care. DON J stated the expectation is to remove soiled gloves, sanitize hands, apply clean gloves when going from dirty to clean area and place soiled linen in a plastic bag. Example 8 The facility's policy, titled Policies and Practices - Infection Control, revised 07/2014, states in part: The objectives of our infection control policies and practices are to: .maintain a safe, sanitary, and comfortable environment for personnel, residents . On 01/11/2026, at 12:50 PM, residents were observed being brought to their tables and meals delivered without hand hygiene offered by staff, or sanitizer wipes made available at tables for residents to use. On 01/14/2026, at 9:05 AM, residents were observed being brought to tables for breakfast and meals delivered to them without hand hygiene being offered by staff, or sanitizer wipes made available for resident to use at tables. On 01/14/2026, at 8:35 AM, Surveyor interviewed R10 about the availability of hand hygiene prior to meals being served. R10 stated staff never offer hand hygiene at meals to the residents. R10 stated it would be nice if prepackaged hand wipes were available on the meal trays. R10 has inquired staff about having hand wipes available and was told that hand sanitizer units are available on the walls in the dining room for everyone to use. R10 stated, I cannot reach them in a wheelchair. And what about the residents who cannot ask? On 01/14/2026, at 1:00 PM, Surveyor interviewed Dietary Manager (DM) E and asked if hand hygiene is offered to residents prior to meals being served. DM E stated no hand hygiene is routinely offered, and DM E would like to see sanitizer wipes be made available on resident trays or the tables for residents to use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. Based on interview and record review, the facility failed to ensure abuse training was provided at hire and annually for 9 of 9 staff reviewed. This deficient practice had the potential to affect all 47 residents in the facility who are cared for by staff who did not receive ongoing training on recognizing and reporting abuse, neglect, exploitation, and misappropriation. Certified Nursing Assistant (CNA) W was hired 10/1/20 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for CNA W upon hire or annually.CNA GG was hired 10/20/25 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for CNA GG upon hire.CNA HH was hired 1/5/26 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for CNA HH upon hire.CNA G was hired 7/2/24 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for CNA G upon hire or annually.CNA II was hired 1/9/26 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for CNA II upon hire.Dietary Aide (DA) JJ was hired 11/10/25 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for DA JJ upon hire.Business Office (BO) KK was hired 6/4/25 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for BO KK upon hire.Registered Nurse (RN) LL was hired 1/5/26 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for RN LL upon hire.Licensed Practical Nurse (LPN) K was hired 7/7/25 and no abuse, neglect, exploitation, and misappropriation training was provided to the Surveyor for LPN K upon hire.This is evidenced by:The facility policy titled, Abuse prevention, read in part, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation.3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents.4. Require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior. 6. Identify and assess all possible incidents of abuse. Facility Assessment, dated 6-1-25, states in part for training topics: Abuse, neglect, and exploitation educates staff on 1. Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, 2. Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property, and 3. Care/management for persons with dementia and resident abuse prevention.On 02/27/26 at 11:30 AM, Surveyor requested proof of abuse, neglect, exploitation, and misappropriation training from Nursing Home Administrator (NHA) A on CNA W, CNA GG, CNA HH, CNA G, CNA II, DA JJ, BO KK, RN LL, and LPN K. NHA A provided 2 large binders of in-services but could not readily provide evidence of the abuse training for staff requested. Surveyor asked if the training was tracked for staff to ensure trainings are documented and hours accounted for. NHA A stated the facility does not have a system to track education for staff, but NHA A is working on getting some type of system for that. NHA A could not provide the training for staff requested for upon hire or annually. NHA A stated staff do get abuse, neglect, exploitation, and misappropriation of resident property training upon hire in orientation and annually but could not provide evidence of such.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure residents/representatives received notice of bed-hold policy indicating reserve payment and did not receive notice before indicating specific reason for the transfer/discharge for 5 of 5 residents (R2, R7, R8, R14, and R43).Example 1 R43 was admitted to the facility on [DATE]. On 10/10/25, R43 scored 15/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition. R43 was transferred to the hospital on 1/5/26. Surveyor noted a summary that was sent with R43 upon transfer. On 1/12/25 at 12:11 PM, Social Worker F reported she does not have bed-hold notice for R43's hospital transfer. Example 2 R8 was admitted to the facility on [DATE]. On 01/05/26, Brief Interview for Mental status score was 9/15, indicating moderate cognitive impairment. On 01/07/26, R8 was admitted to the hospital for hip pain in relation to injury of unknown origin. There was no bed hold notice provided to R8 or representative related to transfer to hospital on [DATE]. Example 3 R7 was transferred to hospital for change in condition on 11/23/2025 and 01/10/2026 and was not provided a notice of bed hold indicating reserve paymentand did not receive notice before transfer/discharge indicating specific reason for the transfer/discharge. Surveyor attempted to interview Social Worker F regarding resident transfer/discharge process who was out ill last part of survey. Assistant Nursing Home Administrator (ANHA) B was not aware of process and would have to ask Nursing Home Administrator (NHA) A. At time of survey exit, there was no follow up from ANHA B or NHA A. Example 4 R2 was admitted to the facility on [DATE]. On 12/11/25, R2 scored 15/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition. R2 was transferred to the hospital on [DATE]. R2's bed-hold notice was signed on 11/13/25 noting, I wish to reserve my room. R2's bed-hold notice was signed by a care manager from a Managed Care Organization (MCO). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R2's bed-hold notice did not include the daily rate for reservation. Example 5 R14 was admitted to the facility on [DATE]. On 12/17/25, R14 scored 15/15 during BIMS assessment indicating intact cognition. R14 was transferred to the hospital on [DATE]. R14's bed-hold notice was signed on 12/30/25 noting, I wish to reserve my room. R14's bed-hold notice was signed by a care manager from a MCO. R14 was transferred to the hospital on [DATE]. There was no bed-hold notice provided to R14 for this transfer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review, the facility did not maintain a system to account for disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation for 25 residents (R25, R7, R34, R48, R22, R30, R21, R14, R26, R50, R62, R60, R44, R4, R16, R23, R36, R20, R15, R5, R19, R61, R2, R45, R55) of 25 residents reviewed for controlled substance reconciliation in a sample of 47 residents at facility. The facility's narcotic count reconciliation for the month of January 2026 does not have documentation of oncoming and outgoing nursing staff reconciling controlled substances at each shift change. The facility's policy, titled Controlled Substances, revised 4/2007, states in part: Nursing staff must count controlled drugs at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count together. They must document and report any discrepancies. On 01/12/2026 at 10:00 AM, Surveyor observed facility's medication storage and labeling system. The facility has two locked narcotic carts located in hallways outside of nurses' station; one cart serves halls 100 and 200, the other cart serves halls 300 and 400. Each cart has another locked box within the cart containing controlled substance drugs, including residents' individually packaged narcotics as received from pharmacy. On 01/12/2026, Surveyor reviewed and found facility's narcotic count reconciliation records to be incomplete of nursing shift beginning and shift end signatures for the month of January 2026 on both narcotic carts. Both carts had binders with resident names that received a controlled substance. Each binder contained a front page titled, Narcotic Count CMA/Nurse Med Cart. Narcotic count sheet for halls 100 and 200 had missing oncoming nurse/CMA (certified medication assistant) signatures for January 2nd at 6:00 PM, January 4th at 6:00 AM, and January 10th at 6:00 PM. Same narcotic count record had missing outgoing nurse/CMA signatures for January 1st at 6:00 AM, January 3rd at 6:00 PM, January 4th at 6:00 PM, January 6th at 6:00 AM, and January 7th at 6:00 AM. The narcotic count sheet for halls 300 and 400 had missing oncoming and outgoing nurse/CMA signatures for every shift change January 1st through January 6th. Included in missing nurse/CMA signatures for narcotics in halls 300 and 400, were oncoming shifts January 9th at 6:00 AM, and January 10th at 6:00 PM. Missing nurse/CMA signatures for outgoing shifts were on January 9th at 6:00 AM and January 10th at 6:00 PM. On 01/12/2026 at 7:00 PM, Surveyor asked director of nurses in training (DON) C what facility expectations are for controlled substance reconciliations. DON C stated 2 nurses do ongoing and outgoing narcotic counts at each shift change. Shift changes at the facility for nursing typically occurs at 6:00 AM and 6:00 PM. DON C agreed that both narcotic count records kept on narcotic carts had missing signatures. DON C stated, There should be signatures. I will have to find out what happened. On 01/13/2026 at 9:04 AM, Surveyor interviewed DON J and asked what facility expectations are for controlled substance reconciliations. DON J stated an ongoing nurse and an outgoing nurse count all controlled drugs, including individual resident supplies, at each shift change. Both nurses are expected to sign the narcotic count record as documentation no narcotic discrepancies were found. If any narcotic discrepancies are found, it is to be reported immediately to the DON and an investigation is initiated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not obtain written consents, explaining medication risks and benefits, options, and alternatives when psychotropic medications were initiated. The facility practices affected 2 of 5 residents (R) reviewed for unnecessary medications, R26 and R50.This is evidenced by:Example 1R26 was admitted to facility on 12/19/25 with diagnoses that include dementia, unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety. R26 has an activated power of attorney.R26's physician orders include the following psychotropic medications: Quetiapine Fumarate Oral Tablet 25 MG (Antipsychotic). Give 1 tablet by mouth three times a day initiated on 12/23/2025. Sertraline HCl Oral Tablet 100 MG (Antidepressant). Give 1 tablet by mouth in the morning for depression initiated on 12/24/2025 Lorazepam Oral Tablet 0.5 MG (Antianxiety). Give 1 tablet by mouth every 4 hours as needed for Anxiety Initiated on 12/19/25 and Discontinued 12/19/2025. Lorazepam Oral Tablet 0.5 MG (Antianxiety). Give 1 tablet by mouth every 4 hours as needed for anxiety, agitation, restlessness for 14 Days initiated on 01/09/26. R26's care plan for antipsychotic use initiated on 01/05/26 indicates R26 uses antipsychotic medications r/t Alzheimer's disease, dementia. With an approach of Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms. R26's care plan for antidepressant use initiated on 01/15/26 states Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms.R26's care plan for antidepressant use initiated on 01/15/26 states: Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms.Example 2R50 was admitted to the facility on [DATE] with diagnoses that include history of traumatic brain injury, unspecified dementia moderate with psychotic disturbance, generalized anxiety and major depressive disorder. R50 has an activated power of attorney.R50's physician orders include the following psychotropic medications: Haloperidol Oral Tablet 0.5 MG (Antipsychotic). Give 1 tablet by mouth two times a day initiated 12/22/2025. Quetiapine Fumarate Oral Tablet 25 MG (Antipsychotic). Give 0.5 tablet by mouth in the evening for antipsychotics initiated 12/23/25. Mirtazapine Oral Tablet 30 MG (Antidepressant). Give 1 tablet by mouth at bedtime for antidepressant initiated 12/22/2025. Escitalopram Oxalate Oral Tablet 10 MG(Antidepressant). Give 1 tablet by mouth in the morning for depression initiated 12/29/2024.R50's care plan for antipsychotic use initiated on 02/20/25 and cancelled on 03/10/25 stated: Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms.R50's care for antidepressant use initiated on 02/20/25 states: Educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms.On 01/12/26, Surveyor reviewed R26 and R50's medical records and was unable to locate any signed consents provided to POA prior to initiating prescribed psychotropic medications.On 01/14/2026 at 2:10 PM, Surveyor interviewed Director of Nursing (DON) J regarding inability to locate signed consents for R26 and R50's psychotropic medications and requested the facility policy regarding psychotropic medications. DON J stated was not able to find signed consents prior to 01/08/26 and stated the facility does not have a policy regarding psychotropic medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not determine if self-administration of medications is clinically appropriate for 1 resident (R65) of 4 residents reviewed for medication administration in a sample of 16 residents. R65's medical record did not have documentation by an interdisciplinary team (IDT) determining R65, or a family representative, was safe to self-administer medications, or had demonstrated self-administration of medications.R65 did not have a physician's order to self-administer medications.R65's care plan did not have interventions in place for self-administration of medications, or a family member to administer medications to R65.R65's medications were not in a locked box while being stored in R65's room. This is evidenced by:The facility policy, titled Administering Medications, revised 12/2009, states in part: Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Team, has determined that they have the decision-making capacity to do so safely. R65 was admitted to the facility on [DATE] and has diagnoses that include chronic obstructive pulmonary disease (COPD), chronic kidney disease - stage 3, pain in unspecified shoulder. R65 did not have a Brief Interview for Mental Status (BIMS) scoring available, but is alert and oriented to person, place and time. R65's care plan, dated 01/12/2026, with a target date of 04/11/2026, states in part, [R65] is at risk for acute/chronic pain.Administer analgesia per MD (Medical Doctor) orders.[R65] has COPD and is at risk for alteration in respiratory status. On 01/12/2026 at 9:34 AM, Surveyor observed Licensed Practical Nurse (LPN) V administer medications to R65. A family member of R65, introduced self as R65's wife, stopped LPN V from administering R65's Ellipta inhaler (Umeclidinium-Vilanterol, generic name - an inhalation medication used for treatment of COPD) stating, I already gave him his inhaler this morning. I give it to him every day. I spoke with the doctor and pharmacist and they are okay with it. R65's wife stated she arrives daily around 6:00 AM and assists R65 with administering the inhaler and at times, a Voltaren 1% gel (generic name Diclofenac Sodium- a topical nonsteroidal anti-inflammatory drug used to treat pain and inflammation) to R65's shoulder for pain relief. LPN V stated she was not aware R65's wife normally administered medications to R65. LPN V referenced R65's medication administration record (MAR) to determine if Ellipta inhaler and Voltaren 1% gel could be self-administered. R65's MAR did not indicate any medications were to be self-administeredOn 01/12/2026, Surveyor interviewed LPN V and asked what expectations nursing staff have for residents who self-administer medications. LPN V stated, I would get an [physicians] order, and why is that not on his [R65] MAR? LPN V stated she was concerned a medication error would occur because not everyone administering medications would know R65 received the Ellipta inhaler or Voltaren 1% gel already. LPN V stated many agency nurses work at the facility, including herself, and they don't know residents' normal routines.On 01/13/2026 at 7:30 AM, Surveyor interviewed R65's wife about administering R65's medications. R65's wife stated she gives him the Ellipta inhaler every day after breakfast. Surveyor asked R65's wife if nursing staff was aware of this. R65's wife stated, I told the head nurse (did not remember name of staff person) and the pharmacist. They know I give them. On 01/13/2026 at 7:30 AM, R65's wife showed Surveyor an Ellipta inhaler in a bag inside R65's closet. A partially used tube of Voltaren 1% gel was in the bag as well. R65's closet door was not locked. Surveyor asked R65's wife if staff was aware medications were in closet and R65's wife confirmed they were.On 01/13/2026, during record review of R65's MAR, no indication for self-administration is evident for Umeclidinium-Vilanterol inhaler or Diclofenac gel. For dates 01/06/2026 to 01/13/2026, Umeclidinium-Vilanterol inhaler is to be given once daily, at 6:00 AM, and are initialed by nurses as administering. For dates 01/06/2026 to 01/13/2026, Diclofenac Sodium External Gel 1% to be applied to affected areas four times a day, 8:00AM, 12:00PM, 4:00PM, and 8:00 PM, are all initialed as being administered by nurses.On 01/13/2026, during record review, no physician orders for R65 to self-administer (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Umeclidinium-Vilanterol inhaler or Diclofenac Sodium 1% gel were found.On 01/13/2026, review of R65's care plan did not indicate interventions for R65 to self-administer medications. No interventions were in place for R65's wife to administer medications. On 01/13/2026, no documentation was found in R65's medical record that an IDT, in conjunction with R65's physician, determined it was clinically appropriate for resident and/or family member to self-administer inhalers or topical gels. On 01/13/2026 at 9:04 AM, Surveyor interviewed Director of Nurses (DON) J and asked what facility expectations are for residents who want to self-administer medications. DON J stated a physician order must be in place, a resident must do a return demonstration of proper self-administration of medication, and the medication(s) must be in a locked container in room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review, the facility did not ensure residents were free from misappropriation for 1 of 1 resident (R29).-On 01/07/26, the facility was made aware R29 was missing personal property, including $80.00.-The facility did not protect R29 from misappropriation.-The facility did not report this to the State Agency (SA).-The facility did not begin an investigation until 01/09/26.-The facility did not conduct a thorough investigation of R29's missing property.-The facility was unable to locate R29's missing property.The facility policy titled, Abuse prevention, read in part, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation.3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents.4. Require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior. 6. Identify and assess all possible incidents of abuse. 7. Investigate and report any allegations of abuse within timeframes as required by federal requirements. 8. Protect residents during abuse investigations.The facility's policy titled, Abuse Investigation and Reporting, read in part, All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported.C. Interview the person reporting the incident. D. Interview any witnesses to the incident. E. Interview the resident (as medically appropriate). G. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident.On 01/11/26, Surveyor reviewed a complaint submitted to the SA On 01/08/26, by Family Member (FM) N. The complaint included R29 was noted to have several missing items including a cell phone, cell phone charger, wallet with $80.00 in it, tennis shoes, two grabbers, and wicker box including household items such as keys.On 01/11/26, Surveyor requested the facility's investigation. Social Worker (SW) F told Surveyor the facility had not completed R29's investigation yet. Surveyor asked SW F for documentation of what the facility had completed, and SW F stated, Ok. Surveyor did not receive the requested documentation on 01/11/26.On 01/11/26 at 1:44 PM, Surveyor called FM N. FM N stated she had filed two grievances related to missing items; the most recent grievance was filed approximately 01/07/26. FM N verified the missing items listed in the complaint were accurate. FM N reported the facility stated they were completing their own internal investigation. FM N also reported the incident to law enforcement. FM N has not received additional information related to the missing items.On 01/11/26, Surveyor reviewed the facility's grievance log for the previous three months. Surveyor noted a grievance filed on 10/06/25, related to communication and lack of cares. There were no other grievances for R29. Surveyor requested the facility's grievance policy but was not provided with this.On 01/12/26, Surveyor requested the facility's internal investigation related to R29's missing property. Surveyor did not receive this.On 01/13/26, Surveyor requested the facility's internal investigation related to R29's missing property. Director of Nursing (DON) J stated the facility was unable to locate R29's missing items and would be calling FM N to provide an update. Surveyor requested to review the facility's investigation.DON J provided Surveyor with a single page titled, Grievance/Complaint form, dated 01/07/26. Complainant was FM N and reported to Nursing Home Administrator (NHA) A. Items missing were listed as 1. Men's watch (brown band), 2. Burgundy/Red cell phone and charger, 3. Two grabbers, 4. One pair of black/white tennis shoes, 5. Octagon wood box (had keys in it), 6. Wallet ($80 cash).The grievance was assigned to Assistant Nursing Home Administrator (NHA) B, on 01/09/26, with a resolution date of 01/14/26. Actions were staff searched R29's room and laundry for missing items. Let laundry go a couple of days and then checked again sill not able to locate items. Called daughter to discuss replacing items. She said she would call us back. Resolution was, Waiting on daughter to call back so (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	we can make a plan to replace items.The facility did not provide any additional information related to the investigation of R29's missing property.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility must ensure each resident is free from unnecessary drugs as evidenced by completing adequate drug monitoring for 2 of 5 residents (R) (R26 and R50) reviewed for unnecessary medication reviews.The facility is not accurately monitoring resident-specific targeted behaviors for R26 or R50's psychotropic medication use. This is evidenced by: Example 1R26 was admitted to facility on 12/19/25 with diagnoses that include dementia, unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety. R26 has an activated power of attorney.R26's physician orders include the following psychotropic medications: Quetiapine Fumarate Oral Tablet 25 MG (Antipsychotic). Give 1 tablet by mouth three times a day initiated on 12/23/2025. Sertraline HCl Oral Tablet 100 MG (Antidepressant). Give 1 tablet by mouth in the morning for depression initiated on 12/24/2025 Lorazepam Oral Tablet 0.5 MG (Anti-anxiety). Give 1 tablet by mouth every 4 hours as needed for Anxiety Initiated on 12/19/25 and Discontinued 12/19/2025.R26's monitoring for targeted behaviors related to antipsychotic, antidepressant and anti-anxiety use was not put into place until 01/12/26 when Surveyor requested supporting targeted documentation.Example 2R50 was admitted to facility on 12/28/24 and has an activated power of attorney (POA).R50's physician orders include the following psychotropic medications: Mirtazapine Oral Tablet 30 MG (Antidepressant). Give 1 tablet by mouth at bedtime for antidepressant initiated 12/22/2025. Escitalopram Oxalate Oral Tablet 10 MG(Antidepressant). Give 1 tablet by mouth in the morning for depression initiated 12/29/2024.R50's monitoring for targeted behaviors related to antidepressant medication use was not put into place until 01/12/26 when Surveyor requested supporting targeted documentation.On 01/14/2026 at 2:10 PM, Surveyor interviewed Director of Nursing (DON) J who was aware of inability to locate targeted behavior monitoring prior to 01/12/26 and stated the facility does not have a policy regarding psychotropic medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility did not report a reasonable suspicion of a crime to law enforcement or report an allegation of misappropriation to the state agency for 1 of 1 resident (R29) reviewed. -On 01/07/26, the facility was made aware R29 was missing personal property, including $80.00.-The facility did not report this to the State Agency (SA).-The facility did not begin an investigation until 01/09/26.-The facility did not report an allegation of misappropriation to law enforcement or the Ombudsman.The facility policy titled, Abuse prevention, read in part, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation.3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents.4. Require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior. 6. Identify and assess all possible incidents of abuse. 7. Investigate and report any allegations of abuse within timeframes as required by federal requirements. 8. Protect residents during abuse investigations.The facility's policy titled, Abuse Investigation and Reporting, read in part, All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported.Reporting, 1. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility administrator, to the following persons or agencies: a. The State licensing/certification agency responsible for surveying/licensing the facility; b. The local/State Ombudsman; d. Adult Protective Services; e. Law Enforcement officials.2. Suspected abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property will be reported within two hours.On 01/07/26, the Nursing Home Administrator (NHA) A, received a formal grievance from Family Member (FM) N. FM N reported R29 was missing the following items: 1. Men's watch, 2. Cell phone and charger, 3. Two grabbers, 4. Black/white tennis shoes, 5. Octagon wooden box with keys, 6. Wallet with $80 cash.On 01/09/26, the facility assigned Assistant Nursing Home Administrator (NHA) B the grievance, with a resolution date of 01/14/26.On 01/13/26, the facility's investigation included a single page stating, IDT members searched room and laundry for missing items. Let laundry go and couple days then checked again. Still not able to locate items. Called daughter to discuss replacing items. She said she would call us back. Resolution of complaint stated, Waiting on daughter to call back so we can make a plan to replace items.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interview and record review the facility did not ensure a thorough investigation of an allegation of abuse for 2 of 2 residents (R8 and R29).-On 01/07/26, the facility was made aware R29 was missing personal property, including $80.00. -The facility did not begin an investigation until 01/09/26.-The facility did not conduct a thorough investigation of R29's missing property, by conducting staff or resident interviews.-The facility was unable to locate R29's missing property.-R8 was found to have a pelvic fracture and no root cause.-The facility did not investigate the cause by conducting further staff interviews and interviewing R8 or representative.-The facility did not complete education to all staff per intervention related to incident.The facility policy titled, Abuse prevention, read in part, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation.3. Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents.4. Require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior. 6. Identify and assess all possible incidents of abuse. 7. Investigate and report any allegations of abuse within timeframes as required by federal requirements. 8. Protect residents during abuse investigations. The facility's policy titled, Abuse Investigation and Reporting, read in part, All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported.C. Interview the person reporting the incident. D. Interview any witnesses to the incident. E. Interview the resident (as medically appropriate). G. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident. Example 1 On 01/11/26, Surveyor requested the facility's investigation. Social Worker (SW) F told Surveyor the facility had not completed R29's investigation yet. Surveyor asked SW F for documentation of what the facility had completed, and SW F stated, Ok. Surveyor did not receive the requested documentation on 01/11/26. On 01/11/26 at 1:44 PM, Surveyor called FM N. FM N stated she had filed two grievances related to missing items; the most recent grievance was filed approximately 01/07/26. FM N verified the missing items listed in the complaint were accurate. FM N reported the facility stated they were completing their own internal investigation. FM N also reported the incident to law enforcement. FM N has not received additional information related to the missing items. On 01/11/26, Surveyor reviewed the facility's grievance log for the previous three months. Surveyor noted a grievance filed on 10/06/25, related to communication and lack of cares. There were no other grievances for R29. Surveyor requested the facility's grievance policy but was not provided with this. On 01/12/26, Surveyor requested the facility's internal investigation related to R29's missing property. Surveyor did not receive this. On 01/13/26, Surveyor requested the facility's internal investigation related to R29's missing (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	property. Director of Nursing (DON) J stated the facility was unable to locate R29's missing items and would be calling FM N to provide an update. Surveyor requested to review the facility's investigation. DON J provided Surveyor with a single page titled, Grievance/Complaint form, dated 01/07/26. Complainant was FM N reported to Nursing Home Administrator (NHA) A. Items missing were listed as 1. Men's watch (brown band), 2. Burgundy/Red cell phone and charger, 3. Two grabbers, 4. One pair of black/white tennis shoes, 5. Octagon wood box (had keys in it), 6. Wallet ($80 cash). The grievance was assigned to Assistant Nursing Home Administrator (NHA) B, on 01/09/26, with a resolution date of 01/14/26. Actions were staff searched R29's room and laundry for missing items. Let laundry go a couple of days and then checked again sill not able to locate items. Called daughter to discuss replacing items. She said she would call us back. Resolution was, Waiting on daughter to call back so we can make a plan to replace items. The facility did not provide any additional information related to the investigation of R29's missing property. Example 2 R8 was most recently admitted to facility from a hospitalization on 12/30/25 but has resided at facility since 08/2024. On 01/05/26, R8 had a Brief Interview for Mentals Status (BIMS) score of 9/15 which indicates moderate cognitive impairment. R8's care plan includes a focus of R8 is at risk for falls related to diabetic neuropathy, Parkinson's, and history of stroke. R8 has a history of falls in the facility including witnessed falls on 09/14/25, 09/19/25, and 10/20/25, and unwitnessed falls on 10/12/25, 10/15/25,10/20/25, and 10/27/25. Care plan includes goal of R8 will not sustain serious injury by review date last revised on 09/30/25 with a target date of 02/19/26. Interventions include in part: anti-roll back brakes on wheelchair (01/21/25), Dycem to wheelchair and recliner (10/15/25), Scoop mattress (10/20/25), R8 to be assisted to bathroom after meals (10/28/25), low bed and fall mat (02/16/25), new flat fall mat so wheelchair can be locked next to bed (04/02/25), empty foley catheter approximately every 4 hours throughout shift (09/10/24), anticipate and meet R8's needs (11/07/24), and follow facility fall protocol (09/14/25). On 01/06/26 in the morning, R8 displayed onset of pain and initially denied falling. The provider notified staff to assess resident and ordered x-rays. Staff continued to monitor R8 throughout the shift. R8 was offered pain medication. Due to mobile x-ray not able to make it timely, R8 was sent to the emergency room (ER) for evaluation. Upon evaluation, it was determined R8 had a pelvic fracture. Interventions included education with staff on reporting all changes of condition to provider and family. This information was submitted to the State on 01/07/26. On 01/13/26, Surveyor requested complete investigation and final report. Surveyor reviewed Investigation Worksheet. Worksheet indicated the involved parties were Licensed Practical Nurse (LPN) EE and Certified Nursing Assistant (CNA) P and LPN EE was a potential witness to the event. Worksheet indicated hospital staff interviewed R8 and that no interview was conducted by facility staff with R8. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Statement from LPN EE states LPN EE worked on 01/06/26 around 5:00 PM. LPN EE observed R8 sitting on the edge of the bed, half on/half off. LPN EE stated LPN EE assisted R8 back to bed and there were no signs/symptoms of pain. LPN EE stated LPN EE visited R8 multiple times throughout the night with no signs or symptoms of pain or fall. Included in the investigation paperwork provided to the Surveyor was a progress note with no date, time, or author that stated R8 had complaints of pain to left hip around 7:30 AM. R8 denied any falls throughout the night. R8 was given Acetaminophen at 7:45 AM. Provider notified and ordered x-ray to left hip area. A skin assessment was completed by Director of Nursing in training C. Bruising was noted from intravenous sites on arms and from recent falls but no other signs or symptoms. Mobile x-ray company called facility around 3:00 PM to state they would not be able to come that day due to weather. Provider was notified and gave orders to send R8 to the ER for imaging and assessment. R8's spouse was notified and agreeable to plan. Statement from CNA P states CNA P went to R8's room at 2:00 AM on 01/06/26, due to R8 calling out for help. CNA P stated R8 stated R8 did not need anything. CNA P stated a few hours later R8 called out but did not have any concerns or complaints. CNA P stated R8 appeared restless. CNA P stated CNA P then emptied R8's Foley catheter bag at around 5:45 AM and R8 was asleep at this time. CNA P stated this was CNA P's last interaction with R8. Investigation Worksheet indicated a complete physical and emotional assessment of R8 identifying any areas of injury was not completed. R8's environment was observed to have no abnormalities. No new interventions noted. Investigation Worksheet indicated facility should interview any potential witnesses 48-72 hours prior to incident. 2 staff interviews completed (LPN EE and CNA P). 5 Safe Surveys were completed. Safe Surveys ask other residents if staff assists them, answer call lights timely, makes them feel safe, and if anyone is rough, if they have concerns, and if they are satisfied with their care. No concerns noted with these surveys. Investigation Worksheet included the following: Information gathered to conclude how incident occurred, establish reasonable cause, establish need for further investigation with a response of more frequent rounding. Conclude why the incident occurred- with no response. Were identified re-evaluation, care plan revisions, staff training, equipment modification, or other corrective actions completed- with no response. Was documentation in resident record completed- with a response of no documentation complete. On 01/13/26, Surveyor interviewed Nursing Home Administrator (NHA) A and Assistant NHA B. NHA A stated the paperwork sent into the state was the completed 5-day investigation. Assistant NHA B stated Assistant NHA B was working on obtaining hospital documentation and would provide copies to Surveyor. NHA A stated there was no other investigation done outside of what was provided to Surveyor and the State. Surveyor reviewed R8's hospital x-ray report of the left hip. Findings: Markedly comminuted fracture of the anterior, posterior, and superior left acetabular walls are visualized.Nondisplaced fracture of the left inferior pubic ramus is visualized.trace hemorrhage in the left hemipelvis and peri vesical space. There is likely small volume hemorrhage in the left iliopsoas muscle. Surveyor reviewed staff education provided after incident. Power of Attorney notification and change of condition, and Falls education provided to 3 staff only. (LPN S, LPN K, and LPN FF) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor determined the facility did not complete a thorough investigation related to finding a root cause, providing all-staff education, conducting further interviews, and ruling out abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident receives necessary care and services upon admission for 2 of 2 residents reviewed (R58, R27).-Orders for wound care were not implemented upon admission-Orders for Cochlear Implants not followed upon admissionFindings include:Example 1R58 was admitted to the facility on [DATE].admission orders include:Lower spine-Cleanse with normal saline, apply foam dressing to spine for protection once a day on AM shift.Sacrum-Clean with normal saline or wound cleaner, pat dry, apply leptospermum honey, cover with border gauze dressing once a day on AM shift.On 01/12/26 at 7:40 AM, Surveyor interviewed R58. R58 stated the bandages were not changed the first few days since admission.Surveyor reviewed physician orders in R58's electronic health record (EHR). R58's EHR indicated the sacrum orders were entered on 01/07/26 and treatment started on 01/09/26. Lower spine orders were entered on 01/11/26 and treatment started on 01/12/26.Surveyor reviewed R58's Medication Administration Record (MAR). The MAR indicated the order for treatment to the sacrum was scheduled for 6:00 AM on 01/07/26 and 01/08/26, and no administration or documentation was recorded. On 01/09/26, the MAR indicated the sacrum treatment was completed at 1:59 PM. The MAR indicated the first treatment for the spine was scheduled for 01/12/26 at 6:00 AM and was completed at 8:52 PM.Example 2R27 was admitted to the facility on [DATE].On 01/11/26 at 1:30 PM, Surveyor interviewed Family Member (FM) Y. FM Y stated R27 did not have the cochlear implants in place and was very hard of hearing. FM Y stated FM Y was unaware if staff even knew how they work. FM Y stated FM Y rarely sees R27 with them in upon visiting.R27 had orders to put cochlear implants in in the AM and take them out at night upon admission.Orders in MAR state: Put Resident's cochlear implants in every morning and remove at bedtime for hearing.Surveyor reviewed MAR which indicated no administration/monitoring since admission.On 01/12/26 at 11:30 AM, Surveyor observed R27 did not have cochlear implants in. Surveyor observed cochlear implants in plastic container on nightstand next to R27's bed.On 01/13/26 at 10:19 AM, Surveyor interviewed R27. Surveyor was wearing a face mask. R27 stated R27 could not understand Surveyor with the mask on. Surveyor observed R27 did not have the cochlear implants in. R27 ended the interview.On 01/14/26 at 10:54 AM, Surveyor interviewed Licensed Practical Nurse (LPN) M. LPN M stated the cochlear implants were to be put in every morning and taken out at bedtime. LPN M stated the Certified Nursing Assistants (CNAs) completed this task, but it was still the responsibility of the nurse to follow up and make sure it was done. LPN M stated there was education provided to staff when one implant was missing previously.On 01/14/26 at 1:27 PM, Surveyor interviewed DON J. DON J stated it is expected that physician orders are to be entered upon admission and should be followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure a second Preadmission Screening and Resident Review (PASRR) was completed for 1 of 1 resident reviewed (R9).-R9's PASARR I indicated R9 has a serious mental illness and has exceeded the 30-day exemption period requiring a PASARR II.Findings include:R9 was admitted to the facility on [DATE] for short-term rehab.Pertinent diagnosis includes depression with medications including fluoxetine and Depakote.A PASARR I was completed upon admission (no date) and reads in part: Resident is suspected of having a serious mental illness, with a Provider response of agree. Hospital discharge exemption- 30 day maximum, with an answer of yes.R9 has exceeded the 30-day exemption and no PASARR II has been completed.On 01/14/26 at 9:37 AM, Surveyor interviewed Director of Nursing (DON) J. DON J stated R9 was to only have been at the facility for 30 days or less for therapy. DON J stated the facility would be submitting paperwork for the PASARR II immediately. DON J acknowledged the PASARR II was overdue.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not develop and implement a baseline care plan for each resident to include instructions needed to provide effective and person-centered care of the resident for 1 resident (R65) of 1 resident reviewed for baseline care plans in a sample of 16 residents. R65 did not have a baseline care plan in place within 48 hours of admission to include the minimum healthcare information necessary to properly care for him, including, but not limited to, the ability for R65 to self-administer medications.This is evidenced by: State Operations Manual (SOM) 42 CFR 483.21 (a)(1), effective 11/28/2017, states in part: The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must - (i) be developed within 48 hours of a resident's admission (ii) include the minimum healthcare information necessary to properly care for a resident including, but not limited to (a) initial goals based on admission orders (b) physician orders (c) dietary orders (d) therapy services ? social services. R65 was admitted to the facility on [DATE] and has diagnoses that include chronic obstructive pulmonary disease (COPD), chronic kidney disease - stage 3, pain in unspecified shoulder. R65 did not have a Brief Interview for Mental Status (BIMS) scoring available, but is alert and oriented to person, place and time. On 01/12/2026, during record review, R65's care plan dated 01/11/2026, with target date of 04/11/2026, states in part: Advanced Directive Full Code. Interventions include Full Code.Honor code wishes. A second care plan focus states in part: R65 is on anticoagulant AND antiplatelet therapy related to disease process. Interventions include.administer anticoagulant and antiplatelet medications as ordered. No other care plan focus, goals or interventions including therapies, physician orders, nutrition orders, initial goals, social services, or assistance with mobility, activities for daily living (ADLs) were developed and implemented on R65's care plan with initiation dates within 48 hours of R65's admission. On 01/12/2026, at 9:04 AM, Surveyor interviewed Director of Nursing (DON) J and asked what the expectations are for care plan development for new admissions to the facility. DON J stated a baseline care plan must be developed and implemented within 48 to 72 hours of admission. DON J stated the baseline care plan is developed based on findings during the admission assessment which may include any enhanced barrier precautions, isolation needs, how residents transfer safely and if assistance with transfers is needed, or any assistance with ADLs required. DON J stated the baseline care plan is to assist staff with meeting residents' needs until a comprehensive care plan is developed. On 01/12/2026, Surveyor requested a copy of R65's care plan. On 01/12/2026, DON J provided R65's comprehensive care plan which included several focus areas, goals and interventions surrounding R65's care, all with initiation dates of 01/12/2026. Two focus areas initiated 01/11/2026 for advanced directives and anticoagulation therapy are on comprehensive care plan. DON J could not provide a baseline care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not develop and implement a person-centered care plan for each resident consistent with resident rights including services to attain or maintain the resident's highest or practicable physical, mental or psychosocial needs for 2 of 15 residents reviewed (R2 and R27).-R2's care plan was not developed after R2 had a significant weight loss.-R27's care plan did not include possible complications of using R27's left arm for blood pressure, labs, etc. due to dialysis graft.Example 1 The facility's policy titled, Care Plans-Comprehensive, read in part, 3. Each resident's comprehensive care plan is designed to: a. Incorporate identified problem areas; b. Incorporate risk factors associated with identified problems; c. Build on the resident's strengths; d. Reflect the resident's expressed wishes regarding care and treatment goals; e. Reflect treatment goals, timetables and objectives in measurable outcomes; f. Identify the professional services that are responsible for each element of care; g. Aid in preventing or reducing declines in the resident's functional status and/or functional levels; h. Enhance the optimal functioning of the resident by focusing on a rehabilitative program; and i. Reflect currently recognized standards of practice for problem areas and conditions. 5. The Care Planning/Interdisciplinary Team is responsible for the periodic review and updating of care plans: a. When there has been a significant change in the resident's condition; b. When the desired outcome is not met; c. When the resident has been readmitted to the facility from a hospital stay; and d. At least quarterly. Surveyor reviewed the facility's policy titled, Weight Assessment and Intervention, which read in part, Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the dietician in writing. R2 was admitted to the facility on [DATE] with diagnoses including depression, anxiety, chronic pain, vitamin D deficiency, reduced mobility, chronic kidney disease, and adult failure to thrive. R2's Minimum Data Set (MDS) assessment completed on 12/11/25 confirmed R2 scored 15/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition. R2's care plan included: -Resistive to care, 11/26/25. Refused weight 08/2025. Refused weight 09/25. Refused weight 10/2025. Interventions: Allow resident to make decisions about treatment, Educate resident of the possible outcomes of not complying with treatment, Encourage participation, Give clear explanation of care, 10/20/25. Surveyor noted R2 did not have a care plan related to nutrition. R2's physician orders did not include orders for monitoring weight. Surveyor reviewed R2's weights and noted: -On 06/16/2025, the resident weighed 261.8 lbs. On 11/13/2025, the resident weighed 236 lbs which is a -9.85% loss. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 08/10/2025, the resident weighed 258 lbs. On 11/13/2025, the resident weighed 236 lbs which is a -8.53% loss. Surveyor reviewed R2's record and noted on 06/16/25, -9.85% weight loss, provider or registered dietician was not notified of the weight loss. Surveyor noted on 08/10/25, -8.53% weight loss, provider or registered dietician was not notified of R2's weight loss. Surveyor noted there was not a nutritional care plan related to R2's weight loss. On 01/12/2026 at 1:34 PM, Surveyor interviewed Director of Nursing in training (DON) C. DON C stated it is care planned R2 refuses weights. Surveyor stated refusals of care were care planned; however, there was not a nutritional care plan or any follow up with a provider or dietician. DON C stated she will look into it. DON C did not provide follow up after stating she would look into it. Example 2 R27 was admitted to the facility on [DATE]. On 12/16/25, R27 had a BIMS score of 0/15 indicating severe cognitive impairment. R27's care plan includes a focus of: R27 needs dialysis related to End-Stage Renal Disease (ESRD), dialysis graft to left arm with interventions to check and change dressing, monitoring site, and monitoring vitals. Care plan does not include the possible complications of using the left arm for blood pressure, labs, etc. Surveyor reviewed blood pressure history. On several occasions, blood pressures were marked completed on the left arm since admission. On 01/14/26 at 1:27 PM, Surveyor interviewed DON J. DON J stated this was a standing order and should be in place for every resident that has a graft or fistula. DON J acknowledged this information/instruction should have been present in the care plan/Kardex for nursing staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure 2 of 15 residents (R61, R27) who are unable to carry out activities of daily living received the necessary services to maintain good nutrition.-R61 did not receive set up assistance for meal while in bed.-R27 did not receive supervision or set up assistance with meal while in bed.Findings include:Facility policy titled, Resident Nutrition Services, last revised 12/2009, reads in part: Each resident shall receive the correct diet, with preferences accommodated as feasible and shall receive prompt meal service and appropriate feeding assistance.Facility policy titled, Care Plans-Comprehensive, last revised 12/2009, reads in part: Each resident's comprehensive care plan is designed to incorporate identified problem areas.Incorporate risk factors associated with identified problems.Aid in preventing or reducing declines in the resident's functional status and/or functional levels.Example 1R61 was admitted to the facility on [DATE].No Brief Interview for Mental Status (BIMS) score available for review.R61's care plan has a focus of: R61 requires assistance with Activities of Daily Living (ADL)s with an intervention of set up assistance for eating.On 01/11/26 at 10:00 AM, Surveyor interviewed R61. R61 stated staff will bring R61's meal tray, set it down on the table, and leave. R61 stated the staff leave R61 lying flat in bed, and due to previous strokes, R61 is unable to get to the food independently. R61 stated staff has not attempted to get R61 up in R61's wheelchair since admission, which would help with being able to eat meals.On 01/13/26 at 8:02 AM, Surveyor observed R61's meal tray was sitting on the over-bed table parallel to R61's bed. R61 was lying flat in bed. R61 stated, They'll be back when they can find someone. There's no help here. By the time they get me up, it will be cold.Example 2R27 was admitted to the facility on [DATE].On 12/16/25, R27 had a BIMS score of 0/15 indicating severe cognitive impairment.R27's care plan includes a focus of: R27 requires assistance with ADLs, and interventions of eating assistance with supervision/oversight and verbal cues/encouragement.On 01/11/26 at 1:30 PM, Surveyor interviewed Family Member (FM) Y. FM Y stated the staff will bring R27's meal tray in and just leave it. Surveyor observed R27's lunch tray sitting on over-bed table still covered. FM Y stated R27 required assistance, and FM Y was upset R27 was not receiving it.On 01/13/26 at 7:49 AM, Surveyor interviewed Certified Nursing Assistant (CNA) T. CNA T stated each resident has a care plan to follow. CNA T stated the CNAs have a Kardex in the facility computer platform used they can access. CNA T stated the Kardex tells the CNAs what care each resident needs.On 01/13/26 at 8:00 AM, Surveyor observed R27's meal tray was sitting uncovered on the over-bed table in front of R27. R27 appeared to be sleeping at about a 45-degree angle. No staff present. R27's bedroom door was closed.On 01/13/26 at 10:19 AM, Surveyor observed the breakfast tray remained in R27's room and had not been eaten. R27's bedroom door remained closed, and no staff present.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review, the facility failed to provide weekend activities, which has the potential to affect all 47 residents.No activities offered on the weekend.Findings include:On 01/11/26 at 10:14 AM, Surveyor interviewed R55. R55 stated there were no activities on the weekend due to only one activity person that only works weekdays.Surveyor observed the activity calendar posted in the hallway between the front entrance and the nurse's station. The calendar stated there was to be a card game at 2:00 PM.On 01/11/26 at 2:00 PM, Surveyor observed no activities were taking place.On 01/11/26 at 2:22 PM, Surveyor interviewed R4. R4 stated there are no activities on the weekend days. R4 stated Activity Director (AD) I only works on weekdays.On 01/11/26 at 2:28 PM, Surveyor interviewed R10. R10 stated that on weekends, R10 and other residents must make their own activities as AD I only works on weekdays. R10 stated the calendar says there are activities on the weekends, but they haven't had activities since R10 has been a resident at the facility. R10 was admitted to the facility on [DATE].On 01/13/26 at 9:00 AM, Surveyor interviewed AD I and asked about activities on weekends. AD I stated there were some activities cancelled due to COVID in the building, and they haven't had activities on weekends because they are short-staffed and don't have anyone to work weekends.On 01/13/26 at 11:02 AM, Surveyor conducted a resident council meeting in which three residents present, voiced it would be nice if there were some activities on weekends. Residents stated activities were on the calendar, but when we went to the scheduled activity, no one was there. Residents stated they were told it was supposed to be aides but activities is short staffed, so they haven't been having activities on weekends.On 01/14/26 at 10:54 AM, Surveyor interviewed Licensed Practical Nurse (LPN) M. LPN M reported there is supposed to be an activity between 10:00 AM and 2:00 PM on weekend days. LPN M reported the manager on duty, or the hospitality aide, was responsible for the weekend activities. LPN M reports some activities, such as church services, have been cancelled due to COVID in the building.On 01/14/26 at 11:08 AM, Surveyor interviewed Certified Nursing Assistant (CNA) X. CNA X stated she was unsure if there were activities on the weekend and if so, who was responsible for them.On 01/14/26 at 1:27 PM, Surveyor interviewed Director of Nursing (DON) J. DON J stated there was no activity policy/procedure to provide; however, DON J's expectation was to have activities available every day. DON J stated it was the responsibility of the hospitality aides or nursing assistant to help with activities on the weekend. DON J stated DON J was unaware activities were not being completed on the weekends and would speak with AD I about what to do moving forward.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not provide care and treatment by professional standards of practice to maintain a resident's highest practicable level of physical well-being for 2 of 15 residents (R29 and R62).-The facility did not follow physician orders to monitor R29's blood pressure.-The facility did not follow orders to assess and provide dressing changes to R62's lower extremities. R62 was admitted to the facility on [DATE] with pertinent diagnosis including chronic osteomyelitis, right ankle and foot, type 2 diabetes mellitus with foot ulcerations, sepsis, non-pressure chronic ulcer of other part of right foot with necrosis of bone, and non-pressure chronic ulcer of other part of left foot with necrosis of bone. On 1/9/26, a Minimum Data Set (MDS) assessment indicated R62 did not have a Brief Interview for Mental Status (BIMS) completed. Surveyor requested physician's orders. Documentation the facility provided in R62's order summary report did not include wound care treatment. R62's Treatment Administration Record (TAR) indicated: Active on 1/5/26, bilateral lower extremities - 3rd toe amputation site. apply non adherent dressing and secure with gauze wrap every night shift and as needed. Monitor for signs/symptoms of infection. Document drainage. Document Pain Score. R62's initial care plan initiated on 1/11/26 did not address R62's wounds or have interventions pertaining to wound care. On 1/11/2026 at 1:25 PM, Surveyor observed loose gauze wraps on R62's feet. Surveyor interviewed R62, who reported wounds on both feet, amputations of his toes. R63 reported he does not think dressing changes have been done to his lower extremities since his admission. On 1/12/2026 at 9:00 AM, Surveyor interviewed Licensed Practical Nurse (LPN) V. Surveyor requested to observe R62's dressing change. LPN V reported R62's dressing changes to his feet are as needed. Surveyor asked where LPN V would document wound assessments and dressing changes. LPN V reported in the TAR. Surveyor noted there was no documentation in the TAR of daily assessments or dressing changes done to R62's lower extremities from 1/5/26 to 1/10/26. On 1/13/2026 at 10:30 AM, Surveyor interviewed Director of Nursing (DON) J requesting documentation of daily dressing changes to R62' s feet. DON J agreed the orders in the TAR are to provide daily dressing change to R62's lower extremities and there is only documentation of the dressing change being done on 1/11 and 1/12/26. Surveyor asked if R62's dressings were then not changed on 1/5 through 1/10/26. DON J stated that is what the documentation is indicating. Example 2 R29 was admitted to the facility on [DATE] with diagnoses including hypertension, chronic kidney disease, and cognitive decline. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/17/25, a Minimum Data Set (MDS) assessment indicated R29 scored 11/15 during Brief Interview for Mental Status (BIMS) indicating moderately impaired cognition. R29's physician orders included: -Carvedilol, twice daily for hypertension. -Entresto, once daily for hypertension. -Torsemide, once daily for heart disease. Note, torsemide is a diuretic used to manage hypertension. On 12/21/25, R29's progress notes read, Nurse was notified by staff that resident was on the floor at 0900am this morning. Nurse saw resident sitting in front of recliner with the chair raised all the way up. Resident was sitting straight up with back against the recliner and feet and legs in front of him straight out touching his dresser. Resident was incontinent, and able to speak clearly to the nurse. Resident is A&O x3, VS stable aside from BP running a little low. Resident has no injuries present and no complaints of pain present. Resident told nurse that they slid out of their chair due to the floors being slippery. Nurse did notice resident was wearing grippy socks when they were found on the floor. Resident said they were trying to get to the bathroom. Nurse notified NP, DON, and POA. POA did not answer so nurse left voicemail. Nurse assessed VS, Skin, Pain levels, pushed fluids, got resident off the floor and assessed BS again. Nurse was instructed by NP to push fluids and assess BP every hour to determine if they needed to be sent in. Nurse was able to get BP up to an acceptable level according to the NP. Nurse was then told to hold all BP medications until BP reached proper levels. Surveyor reviewed R29's Medication Administration Record (MAR). Surveyor noted anti-hypertensive medications were held on 12/21/25. All medications were given as ordered on 12/22/25 and the morning of 12/23/25. Surveyor was unable to find documentation of blood pressure readings after the initial incident on 12/21/25. On 12/23/25, R29 was seen by primary provider at the facility. Primary provider ordered labs to be completed. Prior to labs being completed, family requested R29 be sent to the emergency room, related to the family's concerns of R29 complaining of pain and slumped over in his wheelchair. R29 was admitted to the hospital with diagnoses of acute kidney failure, urinary tract infection, and cellulitis. On 01/14/26 at 11:58 AM, Surveyor interviewed DON J. DON J stated she was unable to find documentation nursing staff had followed orders to monitor blood pressure until blood pressure reached acceptable levels. DON J was unable to find documentation medications were held as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure a resident's environment remains free of accident hazards and each resident receives adequate supervision and assistive devices to prevent accidents for 2 of 4 residents (R3 and R50) reviewed. -R3 was assessed as an elopement risk and care planned to have a wanderguard on her left wrist. It was observed R3 did not have a wanderguard on. -R50 was observed being transferred without a gait belt as care planned.Example 1 The facility policy titled, Wandering, Unsafe Resident, read in part, 1. The staff will identify residents who are at risk for harm because of unsafe wandering (including elopement). 3. The resident's care plan will indicate the resident is at risk for elopement or other safety issues. 4. Interventions to try and maintain safety will be included in the resident's care plan.R3 was admitted to the facility on [DATE] with diagnoses including anxiety, depression, and dementia. On 12/17/25, a Minimum Data Set (MDS) assessment confirmed R3 scored 5/15 during Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. On 10/18/25, an elopement assessment was completed on R3 and noted R3 to be an elopement risk and continue with wanderguard to left wrist. R3's physician orders included: -Check skin around wanderguard every shift, 04/18/25. R3's care plan included: -Elopement/wanderer risk related to history of attempts to leave the facility unattended. History of removing wanderguard, 04/21/25. Wandering device to LEFT wrist. Check placement and function, revised 08/25/25. Surveyor reviewed R3's Treatment Administration Record (TAR) for December 2025 and January 2026. Surveyor noted nursing staff documenting daily on AM and PM shifts to check skin around wanderguard every shift, and wanderguard to left wrist expiration date 11/27/25-check placement and function every shift. On 01/12/26 at 9:46 AM, Surveyor interviewed R3. Surveyor observed R3 did not have a wanderguard on her left wrist. R3 stated, Why would I have one of those on? R3 denied any attempts to leave the facility unattended. Surveyor reviewed the elopement binder located at the nurses' station. Surveyor noted R3 was listed as an elopement risk, with wanderguard placed to left wrist, expiration date of 11/27/25. On 01/12/26 at 10:10 AM, Surveyor interviewed Licensed Practical Nurse (LPN) S. Surveyor noted LPN S documented in R3's TAR she had checked R3's wanderguard. LPN S stated, The last time I checked she had it on. LPN S was unable to tell Surveyor when she last noted R3's wanderguard. LPN S told Surveyor maybe it was not on R3's wrist but her ankle. On 01/12/26 at 10:15 AM, Surveyor interviewed Certified Nursing Assistant (CNA) T. CNA T stated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she did not think R3 had a wanderguard on. CNA T reported she has taken R3 out to smoke and the alarm has not gone off. CNA T stated she would remember if R3's wanderguard triggered the alarm. On 01/12/26 at 10:36 AM, Surveyor observed R3's left ankle, and noted R3 did not have a wanderguard on. R3's right leg was amputated below the knee. On 01/12/26 at 1:30 PM, Surveyor interviewed Director of Nursing in training (DON) C. DON C and Surveyor observed R3 did not have a wanderguard on her body or her wheelchair. DON C stated she would look into it. On 01/13/26, DON C reported the Assistant Director of Nursing stated she observed R3's wanderguard on her wrist on 01/12/26. Observations and interviews on 01/12/26 do not support R3 had a wanderguard on 01/12/26. On 01/13/26 at 2:28 PM, Surveyor interviewed CNA U. CNA U stated she is unsure if R3 has had a wanderguard on. CNA U stated, Not that I know of. Example 2 The facility policy, titled Safe lifting and Movement of Residents provided to Surveyor states: Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and device to lift and move residents. Under section titled Policy Interpretation and Implementation: states in part: staff will be trained in the use of manual (.gait/transfer belts). R50 was admitted to facility on 12/28/24 and has an activated power of attorney (POA). R50's significant change in condition MDS dated [DATE] indicated R50 has a BIMS score of 05 (Moderately impaired) and requires substantial/maximal assistance for toilet transfers. R50's care plan approach initiated 02/03/2025 states, Two person transfer with [NAME] Belt. On 01/11/2026 at 1:59 PM, Surveyor observed R50 sitting on toilet under supervision of CNA T and noted no gait belt around R50's waist. Surveyor continued to observe CNA T conduct incontinence care and transfer R50 into wheelchair independently and without use of a gait belt. After observation of transfer, Surveyor asked CNA T the facility's expectation for safe transfers. CNA T stated has not being using a gait belt for R50's transfers and checked R50's care plan and stated that care plan does not indicate to use a gait belt for transferring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility did not provide appropriate care and treatment to prevent complications for 2 out of 4 residents (R) reviewed for bowel and/or bladder. (R60, R35)-R60's indwelling urinary was not secured and catheter drainage bag was connected to bed frame. Catheter tubing was pulled tightly during repositioning of the resident lying in the bed.-R35 was not toileted in a timely manner and according to care plan.Example 1 Facility policy titled, Catheter Care, Urinary, revised April 2010, states in part, Infection Control . b. Be sure the catheter tubing and drainage bag are kept off the floor. 2. Ensure that the catheter remains secured with a securement device such as a leg strap to reduce friction and movement at the insertion site. R60 was admitted to the facility on [DATE] with diagnoses including malnutrition, syncope and collapse, age related osteoporosis, and atrial fibrillation. Orders include, Foley catheter care every shift and as needed. On 1/12/26 at 10:13 AM, Surveyor observed Certified Nursing Assistant (CNA) G roll R60 to the left side of bed while catheter bag was hooked on the bed frame of the right side of the bed. Surveyor noted R60's catheter tubing was pulled tight as CNA G rolled R60's body away from catheter bag as it hooked on the opposite side of bed. R60's daughter asked if it was tugging and moved catheter to other side of bed, hooking it to the left side of the bed frame. CNA G provided incontinence cares. Surveyor noted urinary catheter tubing was not secured to R60 in any way. CNA G then rolled R60 back to right side, again not moving catheter drainage bag, which was hooked on R60's left side of bed on the bed rail. Surveyor noted catheter tubing again pulled tight as R60 was turned. On 1/12/26 at 10:35 AM, Surveyor interviewed CNA G about R60's urinary catheter not being secure and getting pulled during repositioning. CNA G stated she was unaware the catheter tubing was being pulled, and the indwelling catheter was not secured. A short time later CNA G returned with an adhesive device to secure R60's catheter. On 1/13/2026 at 8:30 AM, Surveyor interviewed Director of Nursing (DON) J, who reported the expectation would be that a resident's catheter tubing be secured and the catheter bag should not be hooked on to the bed when a resident is being rolled/repositioned in bed. Example 2 Facility Policy titled, Urinary Incontinence-Clinical Protocol, last revised 04/07, reads in part: The staff and physician will review the progress of individuals with impaired continence.this should include documentation of a resident's responses to attempted interventions such as scheduled toileting. R35 was admitted to the facility on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/20/25, R35 had a Brief Interview for Mental Status (BIMS) score of 5/15, which indicates severe cognitive impairment. R35's physician orders include Furosemide and preventative treatment to peri area in relation to previous moisture-associated skin injury. Care plan includes a focus of: R35 has bladder and bowel incontinence with an intervention stating check and change on rounds and as needed last revised on 08/13/25. Care plan includes a focus of: R35 has had an actual fall with no injury on 12/21/25, with an intervention of toileting schedule around the clock last revised on 12/22/25. Care plan includes a focus of: R35 is at risk for altered skin integrity related to incontinence, with an intervention of provide incontinence care after every episode of incontinence last revised on 08/13/25. On 01/12/26 at 5:24 AM, Surveyor observed R35 being wheeled in wheelchair from his room to the nurse's station area. On 01/12/26 at 7:30 AM, Surveyor observed R35 taken to the dining room for breakfast. On 01/12/26 at 9:20 AM, Surveyor observed staff remove R35 from dining room and place R35 near the nurse's station. On 01/12/26 at 10:54 AM, Surveyor interviewed CNA G. CNA G stated rounds are every 2 hours and residents get toileted or checked with rounds and as needed. On 01/12/26 at 11:19 AM, Surveyor observed CNA G take R35 to R35's room for incontinence care. Surveyor observed R35 was not toileted for 5 hours and 55 minutes. On 01/14/26 at 10:54 AM, Surveyor interviewed Licensed Practical Nurse (LPN) M. LPN M stated toileting schedules are usually patient specific, but rounds mean every 2 hours during waking hours. LPN M stated around the clock toileting means every 2 hours all times of day. On 01/14/26 at 11:08 AM, Surveyor interviewed CNA X. CNA X stated rounds are every 2-3 hours depending on the needs of the resident. CNA X stated residents are to be at least checked that often. On 01/14/26 at 1:27 PM, Surveyor interviewed DON J. DON stated rounding is every 2-3 hours. DON J stated frequently would mean more often. DON J stated that around the clock toileting means rounding at all times of day including night shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure a resident maintained acceptable parameters of nutritional status for 1 out of 4 residents (R2) reviewed for nutrition. -The facility did not notify R2's provider or a registered dietician of R2's weight loss. Surveyor reviewed the facility's policy titled, Weight Assessment and Intervention, which read in part, Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the dietician in writing. R2 was admitted to the facility on [DATE] with diagnoses including depression, anxiety, chronic pain, vitamin D deficiency, reduced mobility, chronic kidney disease, and adult failure to thrive. R2's Minimum Data Set (MDS) assessment completed on 12/11/25 confirmed R2 scored 15/15 during Brief Interview for Mental Status (BIMS), indicating intact cognition. R2's care plan included: -Resistive to care, 11/26/25. Refused weight 08/2025. Refused weight 09/25. Refused weight 10/2025. Interventions: Allow resident to make decisions about treatment, Educate resident of the possible outcomes of not complying with treatment, Encourage participation, Give clear explanation of care, 10/20/25. Surveyor noted R2 did not have a care plan related to nutrition. R2's physician orders did not include orders for monitoring weight. Surveyor reviewed R2's weights and noted: -On 06/16/2025, the resident weighed 261.8 lbs. On 11/13/2025, the resident weighed 236 lbs which is a -9.85% loss.-On 08/10/2025, the resident weighed 258 lbs. On 11/13/2025, the resident weighed 236 lbs which is a -8.53% loss. Surveyor reviewed R2's record and noted on 06/16/25, -9.85% weight loss, provider or registered dietician was not notified of the weight loss. Surveyor noted on 08/10/25, -8.53% weight loss, provider or registered dietician was not notified of R2's weight loss. Surveyor noted there was not a nutritional care plan related to R2's weight loss. On 01/12/2026 at 1:34 PM, Surveyor interviewed Director of Nursing in training (DON) C. DON C stated it is care planned R2 refuses weights. Surveyor stated refusals of care were care planned; however, there was not a nutritional care plan or any follow up with a provider or dietician. DON C stated she will look into it. DON C did not provide follow up after stating she would look into it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not implement appropriate interventions for 1 of 1 resident reviewed (R27) to ensure resident receives care and services as it relates to dialysis consistent with professional standards of practice.-R27 did not have orders/care plan instructions in place related to the left arm fistula regarding blood pressure.Findings include:Facility policy titled, End-Stage Renal Disease, Care of a Resident with, last revised 12/2009, reads in part: Education and training of staff includes, specifically: The care of shunts and fistulas.The resident's care plan will reflect the resident's needs related to dialysis care.R27 was admitted to the facility on [DATE].On 12/16/25, R27 had a Brief Interview for Mental Status (BIMS) score of 0/15 indicating severe cognitive impairment.R27's care plan includes a focus of: R27 needs dialysis related to End-Stage Renal Disease (ESRD), dialysis graft to left arm with interventions to check and change dressing, monitoring site, and monitoring vitals. Care plan does not include the possible complications of using the left arm for blood pressure, labs, etc.On 01/11/26 at 1:30 PM, Surveyor interviewed Family Member (FM) Y. FM Y stated that a staff member, whose name couldn't be recalled, had recently taken R27's blood pressure on the left arm. FM Y stated blood pressure should not be taken on the left arm as R27 has a fistula.On 01/14/26 at 10:54 AM, Surveyor interviewed Licensed Practical Nurse (LPN) M. LPN M stated there are standing orders for residents on dialysis stating not to perform blood pressures on an arm with a graft or fistula as it could cause complications.On 01/14/26 at 1:27 PM, Surveyor interviewed Director of Nursing (DON) J. DON J stated a blood pressure should never be taken on the arm with a graft or fistula. DON J stated an alternate location/extremity should be used. DON J stated this was a standing order and should be in place for every resident that has a graft or fistula.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **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 2 residents (R65, R61) of 4 residents reviewed for medication administration in a sample of 16 residents. R65 received a medication after breakfast was eaten that was ordered to be given before breakfast.R61 received an incomplete dose of insulin based on physician orders for sliding scale insulin according to blood glucose levels. A medication error rate of 8% occurred on 01/12/2026 during observation of medication administration. This is evidenced by: The facility policy titled, Administering Medications, revised 12/2009, states in part: Medications must be administered in accordance with the orders, including any required time frame.The individual administering the medication must check the label THREE (3) times to verify the right medication, right dosage, right time and right method (route) of administration before giving the medication. R65 was admitted to the facility on [DATE] and has diagnoses that include chronic obstructive pulmonary disease (COPD), chronic kidney disease - stage 3, pain in unspecified shoulder. R65 did not have a Brief Interview for Mental Status (BIMS) scoring available, but is alert and oriented to person, place and time. R61 was admitted to the facility on [DATE] and has diagnoses that include morbid obesity, type 2 diabetes mellitus with hyperglycemia, long term use of insulin, and hemiplegia and hemiparesis following subarachnoid hemorrhage. R61 did not have a BIMS score available, but is alert and oriented to person, place and time. On 01/12/2026, at 8:08 AM, Surveyor observed Licensed Practical Nurse (LPN) S check a blood glucose level on R61, which read as 332. LPN S referenced R61's medication administration record (MAR) for dosing of Novolog FlexPen pen-injector 100unit/ml (insulin). LPN S stated R61 required 9 units of Novolog according to sliding scale orders (parameters ordered by a physician for insulin dosages to be administered according to a resident's blood sugar levels). Surveyor observed LPN S configure 9 units of Novolog insulin in FlexPen. LPN S administered 9 units of Novolog insulin subcutaneously (into the fatty layer of tissue directly below skin) of R61's abdomen. On 01/12/2026, record review of R61's physician ordered medications are as follows: Novolog FlexPen Subcutaneous Solution Pen-injector 100unit/ml. Inject as per sliding scale: If [blood sugars]150-190, give 3 units; 200-249, give 6 units; 250-299, give 9 units; 300-349, give 12 units; 350-399, give 15 units.notify MD if blood sugar greater than 400. Of note, according to physician orders, R61 should have received 12 units of Novolog insulin for a blood sugar of 332. On 1/12/2026, record review of R61's MAR indicated a documented blood sugar of 217 at 7:00 AM by LPN S, and 6 units of Novolog insulin was administered and signed by LPN S. On 01/12/2026 at 8:21 AM, a nursing entry made in R61's medical record by LPN S indicates a blood glucose level of 332. LPN S was not available for interview regarding discrepancy in blood sugar charting and insulin administration. On 01/12/2026, at 3:17 PM, Surveyor interviewed R61 about the Novolog insulin she received that morning before breakfast. R61 stated one nurse came and gave her 9 units of insulin, then another nurse came back and gave her 3 more units of insulin. R61 could not identify which nurse came back and administered an additional 3 units of insulin, or at what time it was given. R61's chart and MAR had no documentation about additional Novolog insulin being administered. R61 stated she knew 9 units of insulin was not correct for her blood sugar of 332 that morning. On 01/12/2026, at 9:34 AM, Surveyor observed LPN V administer Methylprednisolone 4mg one tablet orally to R65. R65 had finished breakfast at time of medication administration. On 01/12/2026, record review of R65's physician ordered medications are as follows: Medrol Tablet 4 mg (Methylprednisolone). Give 1 tablet by mouth in the morning for steroid (before breakfast). R65's MAR had a routine scheduled medication administration time to be at 6:00 AM. LPN V signed Medrol administration for 6:00 AM. Of note, it was observed by Surveyor that Medrol 4mg was administered at 9:34 AM, after R65 had eaten breakfast. On 01/13/2026, at 7:30 AM, Surveyor interviewed R65 and R65's wife on when R65 normally receives the Medrol 4mg in the mornings. Both R65 and wife stated the Medrol is always given after R65 eats breakfast.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure 4 of 4 residents (R10, R55, R58, R61) reviewed were free from significant medication errors.-R58 who has multiple upper respiratory concerns, did not receive nebulizer treatments on time/as ordered.-R61 did not receive insulin and other medications at the correct time.-R10 and R55 were given medications late. Findings include: Facility Policy titled, Administering Medications, last revised December 2009, reads in part: Medications must be administered in accordance with the orders, including any required time frame.Medications may not be prepared in advance and must be administered within one hour of their prescribed time, unless otherwise specified.The individual administering the medication must initial the resident's Medication Administration Record (MAR) on the appropriate line after giving each medication and before administering the next ones. Example 1 R58 was admitted to the facility on [DATE]. No Brief Interview for Mental Status (BIMS) score available for cognition. R58 is R58's own person. Diagnoses include allergic bronchopulmonary aspergillosis, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease with acute lower respiratory infection, emphysema, and bronchiectasis. Pertinent physician orders include: Ipratropium-Albuterol inhalation solution 1 vial. Inhale every 4 hours for wheezing. Nebulizer assessment-record findings using code and record number of minutes spent on assessment and treatment. On 01/11/26 at 10:57 AM, Surveyor interviewed R58. R58 stated R58 was supposed to have nebulizer treatments every 4 hours. R58 reported not getting them on time and that sometimes one will get skipped and 2 get administered at the next time. R58 stated R58 kept the vials from the last time a double dose was administered in case something happened. R58 stated when R58 receives the nebulizer treatments is sporadic. R58 stated that no pre and post assessments are completed with the nebulizer treatments and stated, I haven't seen a stethoscope since I've been here. On 01/09/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 7:00 AM and was administered at 11:53 AM. Associated assessment was ordered for 7:00 AM and completed at 11:53 AM. On 01/09/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 11:00 AM and was administered at 12:05 PM which is 12 minutes after previous administration. Associated assessment was ordered for 11:00 AM and completed at 12:05 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/10/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 7:00 AM and was administered at 10:56 AM. Associated assessment was ordered for 7:00 AM and completed at 10:56 AM. On 01/10/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 11:00 AM and was administered at 10:56 AM which is the same time as the previous administration. Associated assessment was ordered for 11:00 AM and completed at 10:56 AM. On 01/11/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 7:00 AM and was administered at 2:50 PM. Associated assessment was ordered for 7:00 AM and completed at 2:38 PM. On 01/11/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 11:00 AM and was administered at 2:50 PM which is the same time as the previous administration. Associated assessment was ordered for 11:00 AM and completed at 2:50 PM. On 01/11/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 3:00 PM and was administered at 2:50 PM which is the same time as the 7:00 AM and the 11:00 AM administrations. Associated assessment was ordered for 3:00 PM and completed at 2:50 PM. On 01/12/26 at 5:50 AM, Surveyor interviewed Licensed Practical Nurse (LPN) S. LPN S stated there is a window to complete medication administration. LPN S stated the morning medication pass window is from 6:00 AM to 10:00 AM. LPN S stated medications should not be given outside of that window but at times it happens if it gets busy. On 01/12/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 11:00 AM and was administered at 7:06 PM. Associated assessment was ordered for 11:00 AM and completed at 7:06 PM. On 01/12/26, R58's MAR indicated Ipratropium-Albuterol nebulizer solution was ordered for 3:00 PM and was administered at 7:06 PM which is the same time as the previous administration. Associated assessment was ordered for 3:00 PM and completed at 7:06 PM. On 01/13/26 at 10:16 AM, Surveyor returned to R58's room. LPN S entered after Surveyor with nebulizer medication. Surveyor observed LPN S did not perform the associated respiratory assessment before administering R58's nebulizer medication. R58 stated R58 had not yet received ordered morning medications. R58 stated it felt more like a warehouse than a health facility and felt R58 was being forgotten. On 01/13/26 at 10:25 AM, Surveyor interviewed LPN L. LPN L confirmed R58 had not yet received morning medications. LPN L stated it had been a busy morning, and LPN L was trying to get to R58. Example 2 R61 was admitted to the facility on [DATE]. No Brief Interview for Mental Status (BIMS) score available for cognition. Pertinent diagnoses include type 2 diabetes mellitus with hyperglycemia and hypothyroidism. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Pertinent physician orders include: Spironolactone 25mg oral tablet. Give 0.5 tablet daily with breakfast. Metformin 1000mg. Give 1 tab 2 times daily. Take 1 tablet daily before breakfast. Carvedilol 6.25mg tablet. Give 1 tablet 2 times daily. Furosemide 80mg tablet. Give 1 tablet daily. Levothyroxine Sodium 88MCG tablet. Give in the morning. Eliquis 5mg tablet. Give 1 tablet at bedtime. Novolog FlexPen Subcutaneous Solution Pen Injector 100 unit/ml Sliding Scale On 01/11/26 at 10:00 AM, Surveyor interviewed R61. R61 reported concern that R61 had not had blood sugar checked or insulin administered, and breakfast was over. R61 stated R61 stated staff was giving the Levothyroxine with the other morning medications, and R61 had to take the Levothyroxine an hour prior to eating breakfast or R61 would have an upset stomach. On 01/10/26, R61's MAR indicated Spironolactone was ordered for 6:00 AM and administered at 3:50 PM. On 01/10/26, R61's MAR indicated Metformin was ordered for 6:30 AM and administered at 2:42 PM. Metformin was also ordered for 6:30 PM and was administered at 2:38 AM on 01/11/26. On 01/10/26, R61's MAR indicated Carvedilol was ordered for 6:30 AM and administered at 2:42 PM. Carvedilol was also ordered for 6:30 PM and administered at 2:38 AM on 01/12/26. On 01/10/26, R61's MAR indicated Levothyroxine was ordered for 4:00 AM and administered at 8:12 AM. On 01/10/26, R61's MAR indicated Novolog was ordered for 7:30 AM and administered at 2:39 PM. Novolog was ordered for 11:30 AM and administered for 2:40 PM. Novolog was ordered at 4:30 PM and administered at 7:39 PM. On 01/11/26, R61's MAR indicated Metformin was ordered for 6:30 AM and administered at 12:59 PM. On 01/11/26, R61's MAR indicated Furosemide was ordered for 5:00 PM and administered at 7:56 AM on 01/12/26. On 01/11/26, R61's MAR indicated Eliquis was ordered for 6:00 PM and administered at 2:44 AM on 01/12/26. On 01/11/26, R61's MAR indicated Carvedilol was ordered for 6:30 PM and administered at 2:43 AM on 01/12/26. On 01/11/26, R61's MAR indicated Novolog was ordered for 7:30 AM and administered at 12:56 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/12/26, R61's MAR indicated Levothyroxine was ordered for 4:00 AM and administered at 7:55 AM. On 01/12/26, R61's MAR indicated Novolog was ordered for 7:30 AM and administered at 12:34 PM. Novolog was ordered for 11:30 AM and administered at 12:49 PM. On 01/13/26, R61's MAR indicated Spironolactone was ordered for 6:00 AM and administered at 10:23 AM. On 01/13/26 at 8:02 AM, Surveyor interviewed R61. R61 stated R61 had not had a blood sugar check or insulin yet. On 01/13/26, at 8:05 AM, Surveyor interviewed LPN S. Surveyor observed LPN S was on her personal cellphone. LPN S stated LPN S would be checking R61's blood sugar in a little bit. LPN S stated LPN S had family things to take care of, and other residents to attend to, and then LPN S would go by R61. On 01/13/26, at 8:22 AM, Surveyor observed LPN S obtaining blood glucose level on R61. On 01/14/26 at 11:14 AM, Surveyor interviewed LPN L. LPN L stated the way the facility is doing things is not working. LPN L stated it varies from day to day depending on who is working and acuity-wise it was currently difficult. LPN L acknowledged medications are being administered late in relation to this. 0n 01/14/26 at 1:27 PM, Surveyor interviewed DON J. DON J stated the expectation is that physician orders should be followed, and medications should be administered at the time ordered and that there is the hour before and hour after grace period. Example 3 On 01/13/2026, at 11:00 AM, during a survey initiated resident council interview with R10 and R55 in attendance, R10 stated she had not received any medications that morning. R10 stated a blood pressure pill, Eliquis (blood thinning), and Vitamin D medications should have been given to her at breakfast. R55 stated she did not receive bedtime medications last evening until the middle of the night when they woke me up for them. R10 and R55 stated they receive medications late often. R55 stated she does not like to be wakened late at night to be given medications because it is difficult to fall back asleep. On 01/13/2026, at 12:35 PM, record review of R10's medication administration record (MAR) for administration times are as follows: Cholecalciferol (Vitamin D) oral tablet 25mcg, give 2 tablets by mouth in the morning.Metoprolol Succinate ER (extended release) 24 hour 50mg tablet , give 1 tablet by mouth in the morning.Apixaban (Eliquis) oral tablet 5mg, give 1 tablet by mouth 2 times a day. R10's MAR indicates medications to be given at a routine scheduled time of 6:00 AM. The Apixaban has a second dose scheduled time of 6:00 PM. Of note, the medications are not signed as being given to R10 at time of record review. On 01/13/2026, at 1:32 PM, Surveyor interviewed LPN L and asked if R10 had received morning medications. LPN L checked R10's MAR and stated, Oh no, she hasn't gotten them. On 01/14/2026, record review of facility's medication administration audit report for the month of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	January 2026 shows R10 did not receive morning doses of Metoprolol, Apixaban and Vitamin D until 11:22 AM on 01/03/2026, and 1:35 PM on 01/13/2026. These medications are scheduled to be given at 6:00 AM daily. To be noted, Apixaban is scheduled to be given two times a day, second dose at 6:00 PM. Late administration of morning dose narrows the time span between doses of Apixaban. On 01/14/2026, record review of facility's medication administration audit report for the month of January 2026 shows R55 received the following medications 5 to 7 hours after their scheduled times: On 01/01/2026, Metoprolol Tartrate and Mirilax powder were scheduled to be given at 6:00 AM, R55 did not receive medications until 11:51 AM. On 01/06/2026, Metoprolol Tartrate was scheduled to be given at 6:00 PM, R55 did not receive medication until 11:59 PM. On 01/09/2026, Levothyroxine was scheduled to be given at 4:00 AM, R55 did not receive medication until 11:46 PM. On 01/12/2026, Metoprolol, Seroquel and Melatonin were scheduled to be given at 6:00 PM, R55 did not receive medications until 11:13 PM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure all drugs for resident self-administration was stored in a locked compartment in resident room for 1 resident (R65) of 4 residents reviewed for safe medication administration in a sample of 16 residents. R65 kept prescription medications in a closet in room, which is not a locked unit, for self-administration.R65's care plan has no interventions in place for safe and secure storage of personal medications in roomThis is evidenced by: The facility policy, titled Storage of Medication, revised 4/2007, states in part: Compartments (including but not limited to, drawers, cabinets, rooms.boxes) containing drugs.shall be locked when not in use. Wisconsin State Legislature, DHS 132.65(6)(b)(1) Storage and labeling medications, states in part: Medications shall be stored near nurse's stations, in locked cabinets, closets or rooms. R65 was admitted to the facility on [DATE] and has diagnoses that include chronic obstructive pulmonary disease (COPD), chronic kidney disease - stage 3, pain in unspecified shoulder. R65 did not have a Brief Interview for Mental Status (BIMS) scoring available, but is alert and oriented to person, place and time. On 01/12/2026, at 9:34 AM, Surveyor observed Licensed Practical Nurse (LPN) V administer medications to R65. A family member of R65, introduced self as R65's wife, stopped LPN V from administering R65's Ellipta inhaler (Umeclidinium-Vilanterol, generic name - an inhalation medication used for treatment of COPD) stating, I already gave him his inhaler this morning. I give it to him every day. I spoke with the doctor and pharmacist and they are okay with it. R65's wife stated she arrives daily around 6:00 AM and assists R65 with administering the inhaler and at times, a Voltaren 1% gel (generic name Diclofenac Sodium- a topical nonsteroidal anti-inflammatory drug used to treat pain and inflammation) to R65's shoulder for pain relief. R65's wife was observed removing an inhaler from the closet in room and replacing it there when done speaking with LPN V. On 01/12/2026, at 9:34 AM, Surveyor asked LPN V if it was normal for R65 to have medications stored in closet in room. LPN V indicated she was an agency nurse and was not made aware of this. LPN V stated there was no indication of R65 storing medications in room closet on R65's medication administration record. Surveyor asked LPN V what facility expectations would be for residents storing personal medications for use in their rooms and LPN V stated the medications need to be kept in a locked box.On 01/13/2026, at 7:30 AM, Surveyor asked R65's wife how access to R65's Ellipta inhaler and Voltaren gel was obtained to be administered to R65. R65's wife showed Surveyor an Ellipta inhaler inside a bag kept in R65's closet, as well as a partially used tube of prescription Voltaren 1% gel. R65's closet door was not locked at time of observation. Surveyor asked R65 and R65's wife if the closet in room was ever locked; they stated it was never locked. Surveyor asked R65's wife if staff was aware medications were in closet and R65's wife confirmed they were.On 01/13/2026, during record review of R65's care plan, no interventions were found for R65 to keep medications stored in room closet in a safe and secure manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility did not ensure accurate documentation in accordance with accepted professional standards and practices for 1 of 2 residents reviewed (R58).-Respiratory Assessments were documented completed and were not.-Documentation air mattress was checked/working and no air mattress on bed.Findings include:R58 was admitted to the facility on [DATE].No Brief Interview for Mental Status (BIMS) score available for cognition. R58 is R58's own person.Physician orders include nebulizer assessment-record findings using code and record number of minutes spent on assessment and treatment. Orders also include device: low air loss mattress to bed, check function every shift.On 01/11/26 at 10:57 AM, Surveyor interviewed R58. R58 reported when receiving nebulizer treatments, the nurses are not performing respiratory assessments before or after the treatment is administered. R58 stated, I haven't seen a stethoscope since I've been here.On 01/12/26 at 12:45 PM, Surveyor observed an air mattress sitting on R58's floor still rolled up in plastic.On 01/13/26 at 7:40 AM, Surveyor interviewed R58. R58 stated no respiratory assessment had been done prior to or after nebulizer administration about 6:00 AM. Surveyor observed air mattress remained on R58's floor in plastic.Surveyor reviewed R58's Medication Administration Record (MAR). The MAR indicated Licensed Practical Nurse (LPN) S had performed the respiratory assessment and documented it completed at 9:49 AM. MAR indicated air mattress had been marked that it was checked on night shift between 01/12/26 and 01/13/26 and was in working order. The air mattress was not on the bed at this time.On 01/13/26 at 10:16 AM, Surveyor returned to R58's room. LPN S entered after Surveyor with nebulizer treatment. LPN S did not perform a respiratory assessment. Surveyor observed LPN S open the cannula for the nebulizer, pour in the medication, close the cannula, hand the nebulizer cannula with mouthpiece to R58, and turn the machine on. LPN S stated LPN S would be back in 15 minutes to turn it off.On 01/14/26 at 10:54 AM, Surveyor interviewed LPN M. LPN M stated for administering a nebulizer treatment, LPN M would gather the proper equipment, set up the nebulizer, listen to the resident's lungs, obtain vitals, and start the medication. After the treatment is complete, LPN M stated LPN M would do the post assessment of the lungs and vitals.On 01/14/26 at 11:08 AM, Surveyor interviewed Certified Nursing Assistant (CNA) X. CNA X stated CNA X believes the nurses are responsible for checking the air mattresses. CNA X stated the CNAs report to the nurses if there are any concerns with the mattresses.On 01/14/26 at 11:14 AM, Surveyor interviewed LPN L. LPN L stated LPN L would gather what was needed for the nebulizer treatment, listen to the resident's lungs, check the resident's oxygen level, administer the medication, and check the lungs and oxygen after the treatment was complete.On 01/14/26 at 1:27 PM, Surveyor interviewed DON J. DON J stated with nebulizer medications, DON J would expect nurses to check the physician order, do a pre-check including vitals and lung sounds, administer the medications for 10-15 minutes, perform and post-check set of vitals and lung sounds, clean and dry the nebulizer, and place it back in a bag. DON J acknowledged Surveyor's observation of lung assessment not being completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not maintain documentation of screening, education, offering and/or declination of the influenza and pneumococcal vaccines to 2 residents (R44, R65) of 5 residents reviewed for immunizations in a sample of 17 residents. R44 had no documentation of screening, education on, or acceptance/declination for receiving influenza and pneumococcal vaccinations.R65 had no documentation of screening, education, or acceptance/declination for receiving influenza and pneumococcal vaccinations.This is evidenced by: The facility policy, titled Influenza Vaccine, revised 08/2008, states in part: All residents and employees who have direct contact with residents will be offered the influenza vaccine annually.Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents.Prior to vaccination, the resident.will be provided information and education regarding the benefits and potential side effects of the influenza vaccine.For those who receive the vaccine.will be documented in the resident's medical record.a resident's refusal of the vaccine shall be documented in the resident's medical record. The facility policy, titled Pneumococcal Vaccine, revised 08/2008, states in part: All residents will be offered the Pneumovax (pneumococcal vaccine) to aid in preventing pneumococcal infection (e.g., pneumonia).prior to admission, residents will be assessed for eligibility to receive the Pneumovax, and when indicated, will be offered the vaccination within thirty days of admission to the facility.assessments of pneumococcal vaccination status will be conducted within five working days of the resident's admission if not conducted prior to admission. Before receiving the Pneumovax, the resident or legal representative shall receive information and education regarding the benefits and potential side effects.if refused, appropriate entries will be documented in each resident's medical record. R44 was admitted to the facility on [DATE] and has diagnoses of diabetes mellitus, malnutrition and chronic obstructive pulmonary disease (COPD). R44 has a Brief Interview for Mental Status (BIMS) score of 13/15, meaning cognitively intact. R65 was admitted to the facility on [DATE] and has a diagnosis of chronic obstructive pulmonary disease (COPD). R65 has no BIMS scoring available; however, R65 is alert and oriented x 3 and makes own medical decisions. On 1/12/2026, during record reviews for sample resident immunization statuses, no documentation for screening of influenza and pneumococcal vaccination status, risks, education, consent or declination of influenza or pneumococcal vaccination is found in medical records of R44 and R65 since admission to facility. On 01/13/2026, at 7:05 AM, Surveyor interviewed R65 and asked if he was offered any vaccinations upon admission. R65 confirmed he was, however had already received all vaccinations during a physician visit prior to admission to facility. No documentation in R65's medical record confirms this. On 01/13/2026, at 9:04 AM, Surveyor interviewed Director of Nursing (DON) J on what facility expectations and protocols are for residents being assessed and offered Influenza and Pneumococcal vaccinations. DON J stated all admissions are offered immunizations upon admission or shortly after. The IP reviews any newly admitted resident's prior vaccination status and determines whether a resident is a candidate to receive further vaccinations. DON J stated after reviewing the risks and benefits of any type of vaccination with resident and/or their representative, the vaccination is administered. Residents or their representative signs a consent form to receive or decline a vaccination, and resident is monitored for 72 hours following administration of vaccination if indicated. Regardless of resident receiving the vaccination, it must be documented within a resident's medical record. On 01/13/2026, during interview with DON J, Surveyor requested proof of documentation in R44 and R65's medical records on vaccination statuses. DON J was not able to locate consents or declination for any vaccinations, and no documentation for assessments or education being provided to residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not maintain documentation of screening, education, offering and/or declination of the Coronavirus 19 (COVID) vaccination to 2 residents (R44, R65) of 5 residents reviewed for COVID immunization in a sample of 17 residents. R44 had no documentation of screening, education on, or acceptance/declination for receiving a COVID vaccination when known positive cases of COVID were present in facility at time of admission. R44 tested positive for COVID 10 days after admission.R65 had no documentation of screening, education, or acceptance/declination for receiving a COVID vaccination when known positive cases of COVID were present in facility at time of admissionFacility did not develop and implement policies and procedures regarding the COVID 19 vaccine immunizationThis is evidenced by: The facility policy, titled COVID-19 Policy, revised 05/11/2023, states in part: It is recommended that everyone remain up to date with all recommended COVID-19 vaccine doses. Facility COVID-19 policy does not include implementation of a COVID vaccination protocol for screening, education or offering residents the COVID-19 vaccination. Code of Federal Regulations S483.80(d)(3) COVID-19 immunizations states in part: The LTC (long term care) facility must develop and implement policies and procedures to ensure all the following.(i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident, or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal. R44 was admitted to the facility on [DATE] and has diagnosis of diabetes mellitus, malnutrition and chronic obstructive pulmonary disease (COPD). R44 has a Brief Interview for Mental Status (BIMS) score of 13/15, meaning cognitively intact. R65 was admitted to the facility on [DATE] and has a diagnosis of chronic obstructive pulmonary disease (COPD). R65 has no BIMS scoring available; however, R65 is alert and oriented x 3 and makes own medical decisions. On 1/11/2026, at 8:45 AM, upon survey team entrance to the facility, signage was observed indicating a positive COVID-19 outbreak in facility. On 1/12/2026, during record reviews for sample resident immunization statuses, no documentation of assessment of COVID vaccination status, risks, education, consent or declination of vaccination was found in medical records of R44 and R65 since admission to facility. On 01/02/2026, R44 tested positive for COVID-19, 10 days after admission to facility on 12/22/2026. At time of R44's admission, there were 10 residents who tested positive or already exhibited COVID-19 type symptoms and later tested positive within the past 14 days. At the time of R65's admission, 16 residents either tested positive or were exhibiting COVID-19 type symptoms and later tested positive within the past 14 days. On 01/13/2026, Surveyor reviewed Infection Preventionist (IP) D's surveillance of all residents who tested positive for COVID-19 since 12/01/2025. As of survey date 01/13/2026, the facility had 30 residents test positive for COVID-19 since 12/08/2026. Of the 30 positive COVID-19 cases, 2 residents were known to be positive and admitted with COVID-19, and 28 residents contracted COVID-19 during residence at facility. On 01/13/2026, at 7:05 AM, Surveyor interviewed R65 and asked if he was offered any vaccinations upon admission. R65 confirmed he was, however had already received all vaccinations during a physician visit prior to admission to facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/13/2026, at 9:04 AM, Surveyor interviewed DON J on what facility expectations and protocols are for residents being assessed and offered COVID, influenza and pneumococcal vaccinations. DON J stated all admissions are offered immunizations upon admission or shortly after. The IP reviews any newly admitted resident's prior vaccination status and determines whether a resident is a candidate to receive further vaccinations. DON J stated after reviewing the risks and benefits of any type of vaccination with resident and/or their representative, the vaccination is administered. Residents or their representative signs a consent form to receive or decline a vaccination, and resident is monitored for 72 hours following administration of vaccination if indicated. Regardless of resident receiving the vaccination, it must be documented within a resident's medical record. On 01/13/2026, during interview with DON J, Surveyor requested proof of documentation in R44 and R65's medical records on vaccination status. DON J was not able to locate consents or declination for any vaccinations, including COVID-19, and no documentation for assessments or education being provided to residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on record review and interviews, the facility did not ensure 2 out of 5 Certified Nursing Assistants (CNA), (CNA W, CNA G), employed at the facility for more than one year received a minimum of 12 hours of in-service training each year. This has the potential to affect all 47 residents in the facility. CNA W's date of hire is 10/01/20, and the facility did not provide 12 hours of in-service training. CNA G's date of hire is 07/02/24, and the facility did not provide 12 hours of in-service training.This is evidenced by: S483.95 Training Requirements state:Training topics must include but are not limited to-S483.95(g) Required in-service training for nurse aides.In-service training must-S483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.S483.95(g)(2) Include dementia management training and resident abuse prevention training.S483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at S483.71 and may address the special needs of residents as determined by the facility staff.S483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. CNA W's date of hire is 10/01/20, and the facility did not provide 12 hours of in-service training. CNA G's date of hire is 07/02/24, and the facility did not provide 12 hours of in-service training. Surveyor requested from Nursing Home Administrator (NHA) A the continuing education hours for CNA W and CNA G. NHA A stated they do not have a system to track continuing education hours. Surveyor asked NHA A how the facility calculates the CNA continuing education hours each year, which need to be reported. NHA A stated the facility is working on getting a system, such as Relias, so this can be done.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525678	A. Building B. Wing	01/27/2026

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on interview and record review, the facility did not ensure staff postings were posted daily and included total number of hours and actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift which has the potential to affect 47 out of 47 residents residing at the facility.Review of staff postings did not reflect the accurate staffing numbers each day.On 01/11/2026 at 9:07 AM, upon entrance to facility Surveyor noted the Facility's Direct Care Report posted in lobby dated December 19, 2025: Census 47. On 01/13/2026, Surveyor received and reviewed the facility's schedules and staff postings from 12/01/25 through 01/13/26 and noted: Print date and actual time stamped at bottom of each page for time frame.Staff schedules were marked with changes on 12/16/25, 12/26/25, 12/29/25, 12/31/25, 01/01/26, 01/03/26, 01/04/26, 01/06/26, 01/11/26, 01/12/26, and 01/13/26.Staff posting did not reflect the accurate staffing numbers for 01/01/26, 01/03/26, 01/02/26, 12/16/25, 12/29/25, 12/31/25.On 01/14/26 at 10:40 AM, Surveyor interviewed Nursing Home Administrator (NHA) A and Assistant Nursing Home Administrator (ANHA) B asking what the facility daily staff posting process is. NHA A indicated the receptionist will post the staff posting in the mornings after updating the census. The daily posting is not updated manually, but any changes are reflected on the daily schedules.