STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525684	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Three Oaks Health Services	209 Wilderness View Drive Marshfield, WI 54449

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 observation and interview, the facility did not ensure care and services were in accordance with professional standards of practice that will meet a resident's (R) physical, mental, and psychosocial needs for 1 of 8 residents. (R2)R2's call light was not kept within reach.R2 was admitted to the facility on [DATE], with diagnoses including Parkinson's disease, aspiration pneumonia, weakness, dementia, stroke, larynx cancer, and gastrostomy. R2 is on palliative care. R2's care plan, with a revision date of 10/01/25, states R2 has a self-care deficit due to impaired vision, physical limitations, weakness, fatigue, Parkinson's disease, and pain. R2 requires assistance of one for toileting, transfers, and bed mobility. R2's care plan also notes R2 is fed via tube, at risk for falls, has episodes of pain, has periods of incontinence, and is at risk for complications of tube feedings and high-risk meds.On 12/17/25 at 8:50 AM, Surveyor entered R2's room and found R2 lying in bed with pad call light attached to bed approximately four inches lateral to R2's right upper arm. Surveyor asked R2 if they can reach the call light. R2 lifted up arms, tried to move about but could not find or reach the call light. Certified Nursing Assistant (CNA) C entered the room, checked R2's blood pressure and did not move call light within reach. At 9:15 AM, Registered Nurse (RN) D entered R2's room, completed medication administration, tube feeding dressing change, and began a tube feeding. RN D left the room without ensuring R2 had the call light within reach.On 12/17/25 at 9:56 AM, Surveyor pressed the call light which was answered by Licensed Practical Nurse (LPN) E. Surveyor informed LPN E that Surveyor activated the call light with a concern that R2 was not able to reach it. LPN E agreed that R2 cannot reach the call light where it is currently placed and moved it onto R2's lap. LPN E also elevated the head of the bed until R2's body was approximately at an appropriate 45-degree angle. Important to note at this time R2 was receiving a tube feeding infusion. R2's body was previously at an approximate 20-degree angle which placed R2 at very high risk for complications such as vomiting, reflux, and/or aspiration and no means of using the call light for help.At 10:12 AM, Surveyor informed Director of Nursing (DON) B of the finding noted above. DON B asked how that could be possible, since R2 can sometimes get up enough to self-transfer. Surveyor informed DON B that R2 is at end of life and continues to decline. R2 could not find or reach the call light when asked and needs to be able to reach it at all times, especially on bad and weaker moments/days. DON B acknowledged and voiced understanding.

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
	525684	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Three Oaks Health Services	209 Wilderness View Drive Marshfield, WI 54449

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staff providing care and services to residents (R) who have a feeding tube are competent in and utilize facility protocols/meeting professional standards regarding feeding tube care for 1 of 2 residents reviewed.Staff did not check placement prior to administering medications.Staff auscultated air to check placement prior to beginning tube feeding.R2's body was at a 20-degree angle while tube feeding was being administered. Facility policy dated 08/10/22, titled, Verifying Placement of Tube Feeding, states, in part, 1. Before beginning a feeding, flushing the tube, or administering a medication via the feeding tube, proper placement and functioning will be verified. 2. Resident's head-of-bed (HOB) should be kept elevated at a minimum 30 degrees at all times during the administration of feedings or medications to prevent aspiration and pneumonia.According to https://www.ismp.org/tools/articles/ASPEN.pdf, auscultation is no longer recommended for checking placement of the feeding tube. Movement of air would likely be heard whether the tube was in the correct or incorrect location. R2's care plan, dated 09/19/25, notes, Elevate head of bed 30-45 degrees.R2 was admitted to the facility on [DATE], with diagnoses including Parkinson's disease, stroke, and pneumonia due to inhaling food and vomit, dysphagia, malnutrition, larynx cancer, reflux, and gastrostomy. R2 requires full staff assistance to complete all tube feeding management and care.On 12/17/25 at 9:15 AM, Surveyor observed Registered Nurse (RN) D administer medications to R2 via gastrostomy tube. RN D washed hands, donned personal protective equipment (PPE), placed cloth under tube, flushed tube, administered medication through the tube, and flushed again as ordered. Surveyor asked RN D how s/he checks for placement. RN D replied, I listen with a stethoscope and put air in. I failed to do that this morning.On 12/17/25 at 9:42 AM, Surveyor observed R2 lying at a 20-degree angle. RN D washed hands, donned PPE, checked placement by injection air into the gastrostomy tube while listening with a stethoscope, then administered requested pain medications. RN D flushed tube with water, placed 1 1/2 container of feeding in gravity bag, primed tube, connected the feeding tubing to R2's gastrostomy tube, slowly opened the line, and counted 45 drips per minute. On 12/17/25 at 9:56 AM, Surveyor pressed R2's call light. At 10:02, LPN E answered the call light and Surveyor asked about the elevation of R2's bed. LPN E elevated R2's head of bed up until R2's body was at a 45-degree angle.On 12/17/25 at 10:12 AM, Surveyor interviewed Director of Nursing (DON) B. DON B provided Surveyor with the facility policy regarding tube feeding and stated the expectation would be to have the resident's body at a minimum of 30 degrees, placement should always be checked prior to administration of flushes, medications, or feedings, and it is not advised to inject air to check for placement.