STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525688	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WI Veterans Home-Boland Hall	21425 E Spring St Union Grove, WI 53182

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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 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, staff interview, and record review, the facility did not ensure food was stored and served in a safe and sanitary manner. This practice had the potential to affect 67 of 67 residents residing in the facility. The facility did not accurately test parts per million (PPM) of the sanitizing solution or complete testing logs. Findings include: On 4/20/26 at 10:16 AM, Surveyor and Dietary Services Director (DSD)-C began an initial tour of the kitchen. DSD-C stated the facility follows the Federal Food and Drug Administration (FDA) Food Code. The 2022 FDA Food Code documents at 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration, and Hardness: A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under 4-703.11(C) shall meet the criteria specified under 7-204.11 Sanitizers, Criteria, shall be used in accordance with the Environmental Protection Agency (EPA)-registered label use instructions. The 2022 FDA Food Code documents at 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device. The Ecolab Oasis 146 Multi-Quat Sanitizer Data Sheet indicates the sanitizing solution needs to be tested for effectiveness by measuring the parts per million (PPM) dilution range. Hydrion Quat test strips are the appropriate testing strips. The sanitizing solution temperature should be within 65 to 75 degrees Fahrenheit (F). Staff should tear off a 2-inch strip and dip the strip in the sanitizing solution for 10 seconds then immediately compare the test strip color against the package scale. The effective PPM range is 150-400. Surveyor requested the facility's sanitizing solution testing policy and was provided a copy of the Ecolab Oasis 146 Multi-Quat Sanitizer Data Sheet. During the initial tour that began at 10:16 AM on 4/20/26, Surveyor noted there was not a log to monitor and document sanitizing solution in the dishwashing area. Surveyor observed the three-compartment sink and noted an Ecolab Oasis 146 Multi-Quat Sanitizer Data Sheet posted above the sink. Surveyor also observed a container of Ecolab Oasis 146 Multi-Quat Sanitizer in the kitchen. Surveyor interviewed DSD-C who stated staff did not test the sanitizing solution in the three-compartment sink. DSD-C stated there were testing logs in the cooking area of the main kitchen and the individual kitchenettes. Surveyor observed a testing log that did not contain temperatures in the cooking area of the main kitchen. The log contained PPM and staff initials. Several dates were not completed. DSD-C indicated food was not cooked on those dates but was warmed and served in the kitchen. Surveyor observed Hydrion sanitizer test strips on the sink. The test strip packaging indicated the sanitizing solution should be between 65 and 75 degrees F. Surveyor also observed QAC QRG sanitizer test strips which indicated best results are obtained between 65 and 75 degrees F and Noble Dip test strips which indicated the solution should be at 75 degrees F. On 4/20/26 at 12:23 PM, Surveyor observed the second floor east kitchenette and noted the sanitizer log did not contain a spot to document the temperature when testing the PPM. On 4/20/26 at 12:37 PM, Surveyor observed the second floor west kitchenette and noted the sanitizer log did not contain a spot to document the temperature when testing the PPM. On 4/21/26 at 8:05 AM, Surveyor observed the first floor west kitchenette and noted the sanitizer log did not contain a spot to document the temperature when testing the PPM. On 4/21/26 at 8:31 AM, (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Surveyor observed the first floor east kitchenette and noted the sanitizer log did not contain a spot to document the temperature when testing the PPM. On 4/21/26 at 1:49 PM, Surveyor observed Food Service Lead (FSL)-K test the sanitizing solution in the dishwashing area of the main kitchen with a Noble Dip test strip. FSL-K checked the temperature of the solution, dipped a strip in the solution, and compared to color to the package. FSL-K stated FSL-K did not know FSL-K needed to test the temperature of the solution prior to testing the PPM and had not done so before. Surveyor observed FSL-K ask Food Service Aide (FSA)-L and FSA-M if they temped the sanitizing solution prior to testing the PPM. FSA-L and FSA-M indicated they did not temp the santizing solution prior to testing the PPM and did not know they were supposed to. FSA-M asked what to do and stated the water that mixes with the sanitizing solution is very hot. On 4/21/26 at 2:01 PM, Surveyor interviewed FSA-M who stated FSA-M had not previously temped the sanitizing solution and the logs did not contain an area to document it. FSA-M indicated the solution mix comes out hot and could burn someone. On 4/21/26 at 2:03 PM, Surveyor interviewed DSD-C who was not aware staff should test the temperature of the sanitizing solution prior to testing the PPM. On 4/21/26 at 2:32 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated kitchen staff should read and follow the sanitizer test strips and solution testing process, which includes testing the solution temperature to ensure effectiveness. On 4/21/26 at 4:31 PM, Surveyor interviewed DSD-C who indicated DSD-C contacted their sanitizer provider and the facility will be switching to sanitizer and testing strips that do not require temperature testing. DSD-C stated DSD-C will ensure the appropriate test strips and log are available to staff for the cooking and dishwashing areas in the main kitchen and the four kitchenettes.

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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, staff and resident interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection. This practice had the potential to affect all 67 members (M) residing in the facility. The facility's infection surveillance program did not include a system to monitor employee illness symptoms, resolution of symptoms, or return to work dates.M5 was on enhanced barrier precautions (EBP). Certified Nursing Assistant (CNA)-J transferred M5 without donning the appropriate personal protective equipment (PPE). Staff did not offer members hand hygiene before meals, including M51, M60, M20, and M28.Staff did not ensure M45's catheter bag was covered and not in contact with the floor. Findings include; The facility's Infection Tracking and Surveillance policy, dated 4/17/25, indicates: The facility's Infection Preventionist designee shall be responsible for conducting surveillance using line lists, monitoring for clusters and outbreaks, conducting staff observations of infection control practices based on facility risk assessment (e.g., hand washing, catheter management), generating and disseminating surveillance data that includes infection rates, outbreaks, and trends, developing process improvement initiatives and staff education based on surveillance data and tracking. Employee Absence: 1. Employee Health or the Infection Preventionist or their designee(s) contact employees absent with respiratory or gastrointestinal symptoms to gather additional information and inform the employee when they can return to their work unit according to the illness policy. 2. The employee's name and symptom information is recorded on the facility tracking log for monitoring clusters and outbreaks. The facility's undated Wisconsin Veterans Homes Transmission-Based Precautions Policy No. WVH IC 01-06 indicates: Enhanced Barrier Precautions (EBP): 1. Implemented for members with novel or targeted multidrug-resistant organism (MDRO) infections, indwelling medical devices, and wounds, including as part of a public health containment response. This type of precaution falls between standard and contact and requires gown and glove use during specific high-contact member care activities for those identified as being at increased risk for MDROs. 1. When a member is colonized or has completed treatment for infection with a novel or targeted MDRO, direct care staff don a gown and gloves prior to high-contact activities including: dressing .bathing/showering .transferring .providing hygiene .changing linens .changing briefs or assisting with toileting .device care or use: central line, urinary catheter .Wound care: any skin opening requiring a dressing (excluding skin breaks or tears covered with an adhesive bandage or similar dressing) .Members with wounds and/or indwelling medical devices (i.e., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator) are placed on EBP regardless of their MDRO colonization status. The facility's Member Meals and Snacks policy, dated 3/13/26, indicates: Meals shall be served in a defined dining area. Dining areas may be within the member living unit or a shared communal area within the facility. Areas shall be determined by facility leadership .Hand hygiene shall be offered to all members prior to and following a meal. Staff shall assist members who cannot complete hand hygiene independently and wish to do so . The facility's External Urinary Drainage Management policy, dated 9/2025, indicates: .Bedside collection bags shall never touch the floor. They shall be hung from the beside free from touching the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	floor surface. If clearance is not achievable, a disposable incontinence pad shall be placed on the floor under the drainage bag . 1. On 4/22/26, Surveyor reviewed the facility's infection surveillance program and noted the facility did not maintain documentation of employee illness, including onset of symptoms, symptom resolution, or return to work dates. On 4/22/26 at 9:45 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-N who stated employees are given instructions when they call in sick. ADON-N stated the faciilty uses call-in slips but does not maintain a staff illness line list to aid with identifying outbreaks. ADON-N stated ADON-N took over the process in mid-February which seemed a little loose. On 4/22/26 at 9:45 AM Surveyor interviewed Director of Nursing (DON)-B who indicated the facility had a contracted Infection Preventionist who started keeping track of employee call-ins due to illness. DON-B stated DON-B would check with Human Resources and Scheduling to see if the process was maintained. On 4/22/26 at 11:32 AM, Surveyor interviewed DON-B who indicated Human Resources staff do not document or keep track of illness symptoms when employees call in sick. 2. Between 4/20/26 and 4/22//26, Surveyor reviewed M5's medical record. M5 was admitted to the facility on [DATE] and had diagnoses including history of urinary tract infections and obstructive/reflux uropathy. M5's Minimum Data Set (MDS) assessment, dated 3/30/26, had a Brief Interview for Mental Status (BIMS) score of 4 out of 15 which indicated M5 had severely impaired cognition. On 4/20/26 at 11:32 AM, Surveyor observed a sign on M5's door that indicated: Enhanced Barrier Precautions: All staff must wear gowns and gloves when providing high-contact care. Surveyor observed CNA-J enter M5's room and transfer M5 from wheelchair to recliner with a gait belt. CNA-J did not don gloves or a gown prior to the transfer. On 4/20/26 at 11:40 AM, Surveyor interviewed CNA-J who verified CNA-J should have worn gloves and a gown when transferring M5. On 4/22/26 at 9:30 AM, Surveyor interviewed DON-B who indicated staff should wear gloves and a gown when transferring members on EBP. 3. On 4/21/26 at 12:08 PM, Surveyor observed CNA-D serve lunch and assist nine residents in the second floor west dining room. CNA-D did not offer hand hygiene to members prior to the meal. On 4/21/26 at 12:50 PM, Surveyor interviewed CNA-D who verified CNA-D did not offer hand hygiene to members and stated CNA-D forgot while trying to ensure members were fed. On 4/21/26 at 12:36 PM, Surveyor observed Therapy Assistant (TA)-E deliver room trays. Surveyor noted the meal cart and meal trays did not contain hand wipes. Surveyor observed TA-E deliver a meal tray to M51 and M60. TA-E did not offer hand hygiene to M51 or M60. On 4/21/26 at 4:38 PM, Surveyor interviewed TA-E who indicated TA-E routinely delivered meals to members and had worked at the facility for several years. TA-E stated TA-E sanitized hands when (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	entering and exiting members' rooms but did not offer members hand hygiene and was not aware TA-E should do so. On 4/21/26 at 12:42 PM, Surveyor interviewed M60 who stated staff did not offer hand hygiene prior to lunch that day, but M60 would like staff to do so. On 4/21/26 at 12:48 PM, Surveyor interviewed M51 who stated staff did not offer hand hygiene prior to lunch that day. M51 stated M51 has to wash M51's hands because staff don't ask and there are a lot of sick people in the facility. On 4/22/26 beginning at 8:27 AM, Surveyor observed CNA-F deliver room trays. Surveyor noted the meal cart and meal trays did not contain hand wipes. Surveyor observed CNA-F deliver trays to M20, M28, and M60. Staff did not offer hand hygiene to M20, M28, or M60. On 4/22/26 at 8:33 AM, Surveyor interviewed CNA-F who verified CNA-F did not offer hand hygiene to members when CNA-F delivered meal trays. CNA-F was not aware hand hygiene should be offered. On 4/22/26 at 8:36 AM, Surveyor interviewed M28 who stated staff did not offer hand hygiene prior to breakfast. M28 stated M28 would like staff to offer hand hygiene even though M28 doesn't eat with M28's hands. On 4/22/26 at 8:41 AM, Surveyor interviewed M60 who stated staff do not usually offer hand hygiene prior to meals and did not do so that day. M60 wished staff would offer hand hygiene, especially prior to breakfast, since M60 wore hand cream at night and would like it cleaned off before eating. On 4/22/26 at 8:42 AM, Surveyor interviewed M20 who stated staff did not offer hand hygiene with meal service. M20 stated M20 would like a hand wipe before eating so M20 could eat with clean hands. On 4/21/26 at 2:03 PM, Surveyor interviewed Dietary Services Director (DSD)-C who stated nursing staff should offer hand hygiene to members prior to meals. On 4/21/26 at 2:32 PM, Surveyor interviewed DON-B who verified staff should offer hand hygiene to members before meals. 4. On 4/20/26, Surveyor reviewed M45's medical record. M45 was admitted to the facility on [DATE] and had diagnoses including chronic kidney disease stage 2, retention of urine, and benign prostatic hyperplasia (BPH) with lower urinary tract symptoms. M45's MDS assessment, dated 3/26/26, had a BIMS score of 15 out of 15 which indicated M45 had intact cognition. On 4/20/26 at 11:58 AM, Surveyor observed M45's Foley catheter bag attached to the bed without a dignity cover. The bottom of the catheter bag and drainage device connector were in contact with the floor. On 4/20/26 at 12:08 AM, Surveyor interviewed CNA-G who stated M45's uncovered catheter bag was touching the floor because M45's bed was in a low position. CNA-G verified the catheter bag should not be in contact with the floor. On 4/22/26 at 10:24 AM, Surveyor interviewed DON-B who stated staff should cover members' catheter bags with a dignity cover and keep catheter bags off the floor.

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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 staff interview and record review, the facility did not ensure the Office of the State Long-Term Care Ombudsman was notified of transfers/discharges for 6 members (M) (M9, M7, M31, M11, M68, and M5) of 6 sampled members. M9 was transferred to the hospital on [DATE], 11/29/25, 12/25/25, and 2/26/26. Ombudsman (OMB)-H was not notified of the transfers.M7 was transferred to the hospital on 2/7/26, 2/26/26, and 3/11/26. OMB-H was not notified of the transfers. M31 was transferred to the hospital on 1/23/26 and 2/3/26. OMB-H was not notified of the transfers. M11 was transferred to the hospital on 1/6/26 and 1/30/26. OMB-H was not notified of the transfers.M68 was transferred to the hospital on 3/9/26 and did not return to the facility. OMB-H was not notified of the transfer/discharge.M5 was transferred to the hospital on 3/6/26. OMB-H was not notified of the transfer.Findings include: The facility's Notice of Transfer policy, dated January 2023, indicates: A designated employee sends a list of members transferred to acute care facilities during the prior month to the Long-Term Care Ombudsman within the first 10 days of the following month. 1. From 4/20/26 to 4/22/26, Surveyor reviewed M9's medical record. M9 was admitted to the facility on [DATE] and had a diagnosis of small cell lymphoma. M9's Minimum Data Set (MDS) assessment, dated 3/26/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated M9 had intact cognition. The MDS assessment also indicated M9 received chemotherapy. M9's medical record indicated M9 was transferred to the hospital on [DATE] and 11/29/25 for a neutropenic fever. M9 was transferred to the hospital on [DATE] for a neutropenic fever and a fall. M9 was transferred to the hospital on 2/26/26 for marginal cell lymphoma related to Obinutuzumab infusion. M9's medical record did not indicate OMB-H was notified of the transfers. (See interview under example 6.) 2. From 4/20/26 to 4/22/26, Surveyor reviewed M7's medical record. M7 was admitted to the facility on [DATE] and had diagnoses including dementia, repeated falls, syncope, and weakness. M7's MDS assessment, dated 3/5/26, had a BIMS score of 13 out of 15 which indicated M7 had intact cognition. M7 had an activated Power of Attorney for Healthcare (POAHC). M7's medical record indicated M7 was transferred to the hospital on 2/7/26 for a fall, on 2/26/26 for left shoulder pain, and on 3/11/26 for evaluation of repeated falls. M7's medical record did not indicate OMB-H was notified of the transfers. (See interview under example 6.) 3. From 4/20/26 to 4/22/26, Surveyor reviewed M31's medical record. M31 was admitted to the facility on [DATE] and had diagnoses including heart failure, occipital neuralgia, and cognitive impairment. M31's MDS assessment, dated 3/19/26, had a BIMS score of 15 out of 15 which indicated M31 had intact cognition. M31 had an activated POAHC. M31's medical record indicated M31 was transferred to the hospital on 1/23/26 for elevated hemoglobin and on 2/3/26 for mesa cystitis. M31's medical record did not indicate OMB-H was (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	notified of the transfers. (See interview under example 6.) 4. From 4/20/26 to 4/22/26, Surveyor reviewed M11's medical record. M11 was admitted to the facility on [DATE] and had diagnoses including pneumonia, chronic obstructive pulmonary disease (COPD), and metabolic encephalopathy. M11's MDS assessment, dated 4/2/26, had a BIMS score of 15 out of 15 which indicated M11 had intact cognition. M11 had a Guardian for healthcare decisions. M11's medical record indicated M11 was transferred to the hospital on 1/6/26 for acute respiratory failure and bilateral pneumonia. M11 was also transferred to the hospital on 1/30/26 for acute on chronic respiratory failure, COPD exacerbation, and acute metabolic encephalopathy. M11's medical record did not indicate OMB-H was notified of the transfers. (See interview under example 6.) 5. From 4/20/26 to 4/22/26, Surveyor reviewed M68's medical record. M68 was admitted to the facility on [DATE] and had diagnoses including lung cancer and heart failure. M68's MDS assessment, dated 3/5/26, indicated M68 was cognitively impaired. M68's medical record indicated M68 was transferred to the hospital on 3/9/26 for an acute episode of shortness of breath related to lung cancer. M68 did not return to the facility. M68's medical record did not indicate OMB-H was notified of the transfer/discharge. (See interview under example 6.) 6. Between 4/20/26 and 4/22//26, Surveyor reviewed M5's medical record. M5 was admitted to the facility on [DATE] and had diagnoses including history of urinary tract infection and obstructive/reflux uropathy. M5's MDS assessment, dated 3/30/26, had a BIMS score of 4 out of 15 which indicated M5 had severely impaired cognition. M5's medical record indicated M5 was transferred to the hospital on 3/6/26 and diagnosed with pneumonia. M5 returned to the facility on 3/15/26. M5's medical record did not indicate OMB-H was notified of the transfer. On 4/21/26 at 3:36 PM, Nursing Home Administrator (NHA)-A indicated via Email that NHA-A thought a former medical records staff sent OMB-H a transfer/discharge list. NHA-A accessed the email of the former staff and noted transfer/discharge lists were not sent to OMB-H for the past 12 months. NHA-A indicated the process moving forward is for Social Services to notify OMB-H.

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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 staff interview and record review, the facility did not offer Prevnar 20 vaccines for 3 members (M) (M6, M7, and M31) of 5 sampled members.M6, M7, and M31 were eligible to receive the Prevnar 20 vaccine. M6, M7, and M31 were not offered the vaccine. The facility's Immunization Program, dated 4/17/25, indicates: All immunizations shall be offered and administered according to the most current guidance. Specific vaccines: Pneumococcal: 1. Licensed nursing reviews pneumococcal vaccine status on admission and at least annually and references the most current recommendations. 2. It is recommended that staff utilize the Centers for Disease Control and Prevention (CDC) PneumoRecs Vax Advisor to assist in determining the member's pneumococcal status and needs. 1. On 4/22/26, Surveyor reviewed M6's medical record. M6 was admitted to the facility on [DATE] and had diagnosis including diabetes, atrial fibrillation, and pneumonia. M6's Minimum Data Set (MDS) assessment, dated 3/4/26, had a Brief Interview for Mental Status (BIMS) score 14 out of 15 which indicated M6 had intact cognition. M6 had an activated Power of Attorney for Healthcare (POAHC). M6's medical record indicated M6 received a Pneumovax 23 vaccine on 11/30/18 and a pneumococcal conjugate 13 vaccine on 2/16/17. M6's medical record did not indicate M6 received or was offered a Prevnar 20 vaccine in accordance with CDC recommendations. On 4/22/26 at 11:32 AM, Surveyor interviewed Director of Nursing (DON)-B who verified M6 should have been offered a Prevnar 20 vaccine. 2. On 4/22/26, Surveyor reviewed M7's medical record. M7 was admitted to the facility on [DATE] and had diagnoses including dementia and heart failure. M7's MDS assessment, dated 3/5/26, had a BIMS score of 13 out of 15 which indicated M7 had intact cognition. M7 had an activated POAHC. M7's medical record indicated M7 received a Pneumovax 23 vaccine on 7/29/11 and a pneumococcal conjugate 13 vaccine on 3/2/15. M7's medical record did not indicate M7 received or was offered a Prevnar 20 vaccine in accordance with CDC recommendations. On 4/22/26 at 11:32 AM, Surveyor interviewed DON-B who verified M7 should have been offered a Prevnar 20 vaccine. 3. On 4/22/26, Surveyor reviewed M31's medical record. M31 was admitted to the facility on [DATE] and had diagnoses including heart failure and occipital neuralgia. M31's MDS assessment, dated 3/19/26, had a BIMS score of 15 out of 15 which indicated M31 had intact cognition. M31 has an activated POAHC. M31's medical record indicated M31 received a Pneumovax 23 vaccine on 5/15/16 and a pneumococcal conjugate 13 vaccine on 1/14/15. M31's medical record did not indicate M31 received or was offered a Prevnar 20 vaccine in accordance with CDC recommendations. On 4/22/26 at 11:32 AM, Surveyor interviewed DON-B who verified M31 should have been offered a Prevnar 20 vaccine.