STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525709	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Osseo	51019 Ridge View Road Osseo, WI 54758

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 - Many	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 observations and record review, the facility did not ensure drugs and biologicals were stored in accordance with currently accepted professional practice. This had the potential to affect stock medication that could be used for all residents. Currently there are 15 out of 31 residents (R) needing medication requiring temperature control for proper storage. (R3, R4, R5, R11, R12, R13, R19, R20, R21, R24, R27, R28, R33, R40, R41)Routine monitoring of temperature levels of medication refrigerators in both medication rooms is not consistently being done. There were 3 narcotics, 39 insulin pens, 5 other injectable types, 161 vaccines, 10 suppositories, and 3 ophthalmic suspensions that are temperature sensitive found in medication storage. Narcotic medication was not destroyed promptly and per WI Administrative Code 132.65 (6)(c).A scheduled medication was being stored in the unlocked refrigerator. Example 1The facility policy, titled Medication Storage, dated 2/2026 states:Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. 6. Refrigerated Products:a. All medications requiring refrigeration are stored in refrigerators located in the pharmacy and at each medication room.b. Temperatures are maintained withing 36-46 degrees F. Charts are kept on each refrigerator and temperature levels are recorded daily by the charge nurse or other designee. The Wisconsin Childhood Immunization Guidelines state: 1. Vaccines must be stored within these ranges: Refrigerator: Store between 2.0 C to 8.0 C or 36.0 F to 46.0 F.2. Temperature review and documentationDaily temperature review of each storage unit is required.To ensure medication is at the right temperature it requires monitoring of the refrigerator. Dates where refrigerated temperature were not documented and monitored at least once for the long-term care medication refrigerator were the following:During February 2026, 7 dates were missed: [DATE], 2/726, [DATE], [DATE], [DATE], [DATE] and [DATE].During [DATE] dates were missed: [DATE],[DATE]/26, [DATE], [DATE], [DATE], [DATE], [DATE], [DATE].During [DATE] dates were missed: [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE],[DATE], [DATE], [DATE], [DATE], [DATE].During [DATE] dates were missed: [DATE], [DATE], [DATE]. Dates where refrigerated temperature were not documented and monitored at least once for the short-term rehab medication refrigerator were the following: During February 2026, 1 date was missed: yesterday [DATE].During [DATE] dates were missed: [DATE], [DATE], [DATE].During [DATE] dates were missed: [DATE], [DATE], [DATE].During [DATE] dates were missed: [DATE], [DATE], [DATE], [DATE], [DATE].During [DATE] dates were missed: [DATE], [DATE]. Temperature sensitive medication in the long-term care medication refrigerator included: Lorazepam solution 2mg/ml, 2 unopened for R13 (not in a lock box)Lantus Insulin pen 100units/ml, 5 unopened pens for R3Mounjaro pen 12.5mg/0.5ml, 1 unopened box- 4 pens for R4Lispro insulin pen 100units/ml, 3 unopened pens for R4Lantus Insulin pen 100units/ml, 5 unopened pens for R4Latanoprost Ophthalmic 0.005% solution, 1unopened bottle for R24.Latanoprost Ophthalmic 0.005% solution, 1unopened bottle for R5.Latanoprost Ophthalmic 0.005% solution, 1unopened bottle for (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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R28.Novolog Flex Pen Insulin Aspart 100 units/ml, 3 unopened pens for R33Novolog Flex Pen Insulin Aspart 100 units/ml, 3 unopened pens for R27Novolog Flex Pen Insulin Aspart 100 units/ml, 1 unopened pen for R28Tresiba FlexTouch insulin pen 100 units/ ml, 2 unopened pens for R27Lantus Insulin pen 100units/ml, 1unopened pens for R11Influenza vaccine 0.5ml single dose syringe, 50 unopened stock vaccineInfluenza vaccine High Dose single dose syringe, 30 unopened stock vaccineArevyx RSV vaccine 100 mcg/0.5ml vials, 4 unopened stock vaccinesmNEXSPIKE COVID19 vaccine. 25 unopened stock vaccinesPneumovax vaccine, 25 unopened stock vaccinesPrevnar 20 vaccine, 6 unopened stock vaccines.Tylenol 650mg suppositories, 10 unopened stock suppositoriesTemperature sensitive medication in the short-term rehab medication refrigerator included: Prevnar 20 vaccine, 1 unopened stock vaccines.mNEXSPIKE COVID19 vaccine, 20 unopened stock vaccinesTuberculin TB solution, 1 stock vialLorazepam solution 2mg/ml, 1 unopened stock medicationNovolog Flex Pen Insulin Aspart 100 units/ml, 2 unopened pens for R21Lantus Insulin pen 100units/ml, 1unopened pens for R21Novolog Flex Pen Insulin Aspart 100 units/ml, 4 unopened pens for R20Lantus Insulin pen 100units/ml, 1 unopened pen for R20Novolog Flex Pen Insulin Aspart 100 units/ml, 2 unopened pens for R40Novolog Flex Pen Insulin Aspart 100 units/ml, 4unopened pens for R41Novolin Insulin 70/30- 2 unopened pens for R41On [DATE] at 10:42 AM, Surveyor observed rehab unit medication room as part of the Medication and Storage task with Registered Nurse (RN) G. The review of temperature logs showed they have a column to record temperatures titled AM Temp and initials, PM Temp and Initials, HS Temp and initials and a recheck column. Never was the temperature checked on all three shifts and [DATE], 2/726, [DATE], [DATE], [DATE], [DATE] and [DATE] there were no temperatures documented at all.On [DATE] at 10:48 AM, Surveyor interviewed RN G who stated we should be checking temperatures every shift. Surveyor and RN G reviewed the temperature logs together. After reviewing the log, RN G stated it is not completed. They should be taken each shift. RN G opened the refrigerator to take medication out of the refrigerator. Surveyor took temperature logs with to take to management to copy incomplete logs. On [DATE] at 1:12 PM, Surveyor observed long-term care unit medication room with RN L. Refrigerator was unlocked and logbook was incomplete. RN L stated we check temperatures every shift if we go into the refrigerator. RN L was busy, and Surveyor left medication room with temperature log to find ADON C or DON B to go through both refrigerators with SurveyorOn [DATE] at 1:36 PM, Surveyor observed the long-term care medication refrigerator temperature logs with Assistant Director of Nursing (ADON) C. ADON C obtained the key from the unit nurse and together entered the medication room. Surveyor showed temperature log to ADON C and explained she needed the help of ADON C to create the inventory of what is in the refrigerator. ADON C opened refrigerator up, it was unlocked, to start to pull medication from refrigerator. Surveyor and ADON C collectively created the refrigerator inventory. On [DATE] at 1:38 PM, Surveyor interviewed ADON C who stated temperatures should be taken at least daily. On [DATE] at 2:01 PM, Surveyor observed the short-term rehabilitation unit refrigerator temperature logs with ADON C. ADON C obtained the key from the unit nurse and together entered the medication room. Surveyor and ADON C reviewed the temperature logs for the short-term rehabilitation unit refrigerator. ADON C opened refrigerator up, it was unlocked, to start to pull medication from refrigerator. Surveyor and ADON C collectively created the refrigerator inventory. On [DATE] at 1:42 PM, ADON C stated she sees the incomplete temperature logs. Surveyor obtained the copies of temperature logs for both units from ADON C Example 2The facility policy, titled Accountability for Medications, dated [DATE] states: Disposition of Medications:8. Medication requiring destruction will be promptly destroyed according to the following Medication Destruction guidelines below. Medication Destruction:d. All medication destruction will be witnessed and completed by 2 licensed nurses.Oral Solid/Liquid Medication DestructionEmpty all solid/liquid Record destruction of medication the Drug Destruction log There is no definition of prompt in the destruction guidelines or the whole policy. Wis. Administrative Code DHS 132.65(g)(c)1, located under title (C) Destruction of Medications, states: ?Time limit.' Unless otherwise ordered by a physician, a resident's medication not returned to the (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	pharmacy for credit shall be destroyed within 72 hours of a physician's order discontinuing its use, the resident's discharge, the resident's death or passage of its expiration date. On [DATE] at1:36PM, Surveyor observed the long-term care medication with ADON C. In the lock box was a zip lock bag with Lorazepam 2mg/ml opened vial with the words, expired 1-31-26. On [DATE] at 1:44 PM, Surveyor interviewed ADON C who stated yes, the medication is expired. Two nurses need to get rid of it, that should be gone. It's a group effort to keep track. We have a nurse who comes from the pharmacy to do audits and manage inventory. Example 3The facility policy, titled Medication Storage, dated 2/2026 states:Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. 2. Narcotics and Controlled Substances:a. Schedule II drugs and back up stock of Schedule III, IV, and V medications are stored under double-lock and key.The following medication were in an unlocked refrigerator and not in a lock box. Lorazepam solution 2mg/ml, 2 unopened for R 13 (not in a lock box). Lorazepam is a Scheduled IV narcotic medication.On [DATE] at 10:42 AM, Surveyor observed rehab unit medication room as part of the Medication and Storage task with RN G. RN G opened the refrigerator and pulled medication from the fridge. Refrigerator was not locked. On [DATE] at 10:48 AM, Surveyor interviewed RN G who stated yes, the rehab med room refrigerator should be locked. RN G and Surveyor completed the medication storage task. At the end, RN G attempted to lock the refrigerator. RN G stated I am not sure how this works, I need a key. RN G has been working for the facility since [DATE] per staff roster supplied by Nursing Home Administrator (NHA) A. On [DATE] at 1:12 PM, Surveyor observed long-term care unit medication room with RN K. Refrigerator was unlocked. RN K was busy, and Surveyor left medication room with plans to come back with management. RN K did not lock the medication refrigerator prior to exiting the room.On [DATE] at 1:36 PM, Surveyor observed the long-term care medication room refrigerator with ADON C. ADON C obtained the key to the medication room from the unit nurse and Surveyor and ADON C entered the medication room. ADON C opened refrigerator up, it was unlocked, to start to pull medication from refrigerator. Surveyor and ADON C collectively created the refrigerator inventory. On [DATE] at 1:38 PM, Surveyor interviewed ADON C who stated yes, the refrigerator is unlocked. It should be locked. On [DATE] at 2:01 PM, Surveyor observed the short-term rehab unit refrigerator with ADON C. ADON C obtained the key from the unit nurse and together Surveyor and ADON C entered the medication room. The medication refrigerator was unlocked and ADON C just opened the refrigerator and started an inventory list with Surveyor. On [DATE] at 2:01 PM, Surveyor interviewed ADON C who stated the refrigerator should also be locked, I don't know why it isn't. Prior to leaving the room, ADON C tried to see if she could lock the refrigerator without the key. ADON C stated I will have to get the key.

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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. Based on observation, interview and record review, the facility has not established an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections Laundry Aide failed to follow infection prevention procedures while handling clean linen. This has the potential to affect all 31 residents (R) in the facility.Registered Nurse (RN) failed to clean tip of insulin pen prior to attaching a needle and administering insulin to 1 out of 3 residents observed for insulin administration. (R4)RN failed to clean the glucometer after use, prior to putting away, during 2 out of 3 resident observations of diabetic care. (R4, R20)CNA did not clean the non-mechanical lift between patient use. This affected 2 of 4 residents observed during a non-mechanical lift.This is evidenced by: Example 1 Per the facility procedure titled, Procedure for Laundry, dated 10/2025, states: Drying/Folding and Delivering Fold all linen on the counter or in the air being mindful to not let clean laundry hit the floor or yourself. On 2/24/26 at 8:05 AM, Surveyor observed Laundry Aide (LA) J staff folding laundry. LA J was observed folding a bath blanket, holding the bath blanket's center with LA J's chin and resting against LA J's chest, touching LA J's clothes. On 2/24/26 at 8:09 AM, Surveyor interviewed LA J regarding folding laundry. LA J stated when folding bath blankets, any linen or personal item you need to make sure they don't hit the ground. Surveyor asked LA J if there was concern if the item touched your clothes. LA J stated it is hard to not touch your clothes, back there (gestured towards doors that go to dirty laundry area), we put a gown on, in here we don't have to. LA J stated I should not have used my chin. On 2/24/26 at 814 AM, following interview with LA J, Surveyor walked across the hall and interviewed Environmental Services Director (ED) I. ED I stated the biggest thing is you have a dirty side and clean side. When on the dirty side you should have a gown and gloves on. When you leave the dirty area to go to the clear side make sure hands are clean. ED I stated when folding laundry, you need to make sure it is not wrinkled and keep everything clean. ED I stated when clothes are delivered, they need to be covered, everything is covered, dirty or clean. ED I stated when folding linen, you should keep it from touching the ground, keep it on the counter, and make sure it is not touching the floor. Surveyor asked if it matters if a person used their chin or chest to help fold linen. ED I stated LA J should not have used LA J's chin or chest when folding laundry. It should not touch LA J's clothing. Example 2 Per facility policy titled, Safe Use of Insulin Pens, last revised 2/2026, states: Procedure: 7. Attach pen needle: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	a. Remove the pen cap from the insulin pen. b. Wipe the rubber seal with an alcohol pad. c. Screw the pen needle onto the insulin pen. d. Twist open and remove outer cover from the pen needle. Per Center of Disease Control Guidelines titled, Considerations for Blood Glucose Monitoring and Insulin Administration, dated 9/7/2024, states: Never use fingerstick devices for more than one person. Do not share blood glucose meters. If you must share them in a healthcare or congregate setting, select a device designed for use in professional settings, not an over-the-counter device. Clean and disinfect blood glucose meters after every use, per the manufacturer's instructions. Insulin pens and other medication cartridges and syringes are for single patient use only. Never use them for more than one person. On 4/23/25 at 4:34 PM, Surveyor observed Registered Nurse (RN) H obtain a glucose reading and administer insulin to R4. RN H started the preparation of medication with hand hygiene at medication cart, parked down by the nurse's station. RN H pulled insulin from medication cart and applied needle. RN H did not wipe off the insulin pen end prior to applying the needle. RN H pulled the glucometer out of the medication cart drawer. RN H completed hand hygiene and entered the room with all supplies. No concerns with RN H's technique for obtaining blood glucose reading and administering insulin. When RN H was done with task, RN H picked up trash, insulin pen, and the glucometer and left room. RN H discarded the insulin needle in red box, put insulin back in bag and bag in med cart and put glucometer away in a case and into the medication cart. RN H did not wipe off the glucometer after use or prior to putting away. On 2/23/25 at 4:44 PM, Surveyor interviewed RN H about infection control and insulin pens and glucometers. Surveyor asked if the nurses should wipe off the end of the insulin pen prior to applying the needle. RN H stated that's a good question; I don't think that is generally practiced. There is a cap that stays on the pen all the time, so typically no. I guess when I teach about insulin pens, we teach to swab off the end of it. RN H stated you should wipe down a glucometer if it is shared. If it is theirs, you can put it back in its case. At 4:58 PM, RN H made a comment to Surveyor when Surveyor was walking by. RN H stated I guess they do wipe the end (of the insulin pen) off here. Surveyor asked what about the glucometer. RN H stated yes, they are supposed to be wiped off. RN H stated I'm not the best because I am a travel nurse. Findings include: Example 3 The facility policy titled Cleaning and Disinfection of Resident-Care Equipment, last revised 12/2024, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	states in part: Staff shall follow established infection control principles for cleaning and disinfecting reusable, non-critical equipment.each user is responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident.multiple-resident use equipment shall be cleaned and disinfected after each use. On 02/24/2026 at 7:23 AM, Surveyor observed certified nursing assistant (CNA) D bring a Sara Steady (non-mechanical device used for transferring residents) into R8's room to assist transferring R8 onto a toilet. CNA D did not disinfect Sara Steady prior to using it with R8. Disinfection wipes were observed to be in a basket hanging on Sara Steady for staff use. Upon completion of R8's toileting in which R8 had a bowel movement and CNA D was observed touching Sara Steady with contaminated gloves, CNA D did not clean Sara Steady with disinfectant. CNA D left Sara Steady in R8's room and proceeded to another resident room. On 02/25/2026 at 7:00 AM, Surveyor observed CNA E bring a Sara Steady into R8's room to assist R8 to toilet. CNA E did not disinfect Sara Steady prior to using it with R8. Disinfection wipes were observed to be in a basket hanging on Sara Steady for staff use. CNA E did not disinfect Sara Steady after R8 completed toileting and removed Sara Steady from R8's room to store in hallway. At 7:15 AM, Surveyor observed CNA D retrieve Sara Steady from hallway where CNA E left it and brought it to R31's room, left it in doorway of room and left without cleaning device. At 7:40 AM, CNA D and CNA F returned to assist in R31's room and assist R31 to toilet using Sara Steady. CNA D and CNA F did not disinfect Sara Steady prior to using it with R31. Upon completion of R31's toileting, CNA F left room to transport R31 to a meal. CNA F informed Surveyor she would return to clean Sara Steady, which was observed by Surveyor to be done. Surveyor interviewed director of nursing (DON) B about what staff expectations were for disinfecting multi-resident use equipment. DON B stated all equipment is to be disinfected both prior to and after resident use. DON B stated it cannot be assumed cleaning of equipment was done prior to using it.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility did not ensure residents with limited range of motion (ROM) received services to maintain or prevent further reduction in ROM for 6 out of 6 residents (R) receiving restorative services. R3, R4, R5, R8, R15, and R23Facility has only one trained restorative aide and no back up aide if the restorative aide does not work. Residents do not receive consistent restorative services.This is evidenced by:The facility policy, titled Restorative Nursing Program, dated 2/2026 states:Policy: It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level.3. Nursing personnel are trained in basic, or maintenance nursing care that does not require the use of a qualified therapist or licensed nurse oversight. This training may include, but is not limited to: .f. Assisting residents with range of motion exercises, performing passive range of motion for residents who lack active range of motion ability. 12. Restorative aides will implement the plan for a designated length of time, performing the activities and documenting on the Restorative Aid Documentation Form or other facility designated form.Per the Center for Medicaid/Medicare Services (CMS) State Operations Manual (SOM) states in part: Based on the comprehensive assessment, the resident's care plan must include specific interventions. to maintain or improve the ROM.Residents have the right to choose their schedules, consistent with their interests, assessment and care plans.Per the restorative documentation code key, the following codes are available to document restorative services. RR means resident refused, RU means resident is unavailable and NA means not applicable. It is not defined when restorative services care planned is not applicable. Example 1R3 was admitted to the facility on [DATE], and has diagnoses that include Alzheimer's disease, diabetes, abnormalities of the gait, chondrocalcinosis (arthritis) of left and right knee, muscle weakness, pain, heart disease, major depression, and anxiety.R3's Minimum Data Set (MDS) assessment, dated 12/22/25, indicated that R3's cognition is moderately impaired. R3 does have clear speech and usually understands simple direction. R3 is independent for rolling left to right and can self-propel R3's wheelchair. R3 needs supervision to change positions and moderate assistance to transfer to the toilet. R3's care plan identifies 3 restorative interventions. The resident requires restorative intervention r/t Alzheimer's with goal to maintain tolerance for daily cares. Resident is known to decline restorative therapies despite encouragement and Education Date Initiated: 05/02/2025 Revision on: 01/08/2026The resident will remain free of complications related to immobility, including contractures, thrombus formation, skin-breakdown, fall related injury through the next review date.Date Initiated: 05/02/2025 Revision on: 08/01/2025 Target Date: 03/22/2026#1- RESTORATIVE: NUSTEP: Level 5 time: 15min #2 - RESTORATIVE: Dressing/Grooming Program: upper body dressing with set up on edge of bed or in wheelchair.#3 - RESTORATIVE: Walking Program: please offer to walk me one time a day (preferred at breakfast) to meal, walk to fatigues.On 2/25/26 at 11:00 AM, Surveyor reviewed R3's restorative documentation.11/30/25-12/6/25: NUSTEP - Missed 3 days12/7/25-12/13/25: NUSTEP - Missed 1 day12/14/25- 12/20/25: NUSTEP - Missed 2 days, Dress/groom self - Missed 2 days, Walk to meal - Missed 1 day12/21/25-12/27/2512/28/25-1/3/26: NUSTEP - Missed every day1/4/26- 1/10/26: NUSTEP - Missed every day1/11/26- 1/17/26: NUSTEP - Missed every day, Dress/groom self - Missed 1 day1/18/26-1/24/26: NUSTEP - Missed 2 days1/25/26-1/31/26: NUSTEP - Missed 1 day2/1/26-2/7/26: NUSTEP - Missed 4 days, Dress/groom self - Missed 1 day, Walk to meal - Missed 1 day2/8/26-2/14/26: NUSTEP - Missed 2 days, Dress/groom self - Missed 1 day2/15/26- 2/21/26: NUSTEP - Missed every day, Dress/groom self - Missed 1 day2/22/26- 2/28/26: NUSTEP - Missed 4 days, Dress/groom self - Missed 5 days, Walk to meal - Missed 4 daysOver the last 13 weeks, R3's NUSTEP intervention was documented 3 times not applicable and refused 1-2 times a week during 4 of the 13 weeks. (Note documented dates (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident refused to participate are considered dates restorative was attempted and counts as completed during this audit.)Over the last 13 weeks, R3's dress/grooming intervention was documented 20 times as not applicable and refused once in December and once in January to participate in his dressing and grooming restorative. Over the last 13 weeks, R3's walk to a meal intervention was documented as 21 times not applicable and refused 20 times.If NA/not applicable is being used as not available, no evidence or documentation that timing or restorative offerings have been evaluated to accommodate resident choices. On 3/23/25 at 1:57 PM, R3 stated I don't work with therapy anymore because I am what I am. But sometimes I walk to meals and do the NUSTEP thing, it's like a bike. Most days I don't get to exercise. They don't have anyone to take me. It's frustrating but what can I do. Example 2R4 was admitted to the facility on [DATE], and has diagnoses that include Alzheimer's disease, contracture, right knee, chronic pain, reduce mobility, cervicalgia (neck pain), osteoarthritis, right knee, artificial left knee joint, myalgia (muscle pain), arthrodesis permanently connects two or more bones in a joint to eliminate movement, type 2 diabetes with chronic kidney disease, depression, dementia, and anxiety.R4's MDS assessment, dated 12/26/25, indicated that R4's cognition is intact. R4 has clear speech and understands. R4 is dependent for R4's mobility, lying to sitting, and rolling left to right. R4 is unable to bear weight and requires a full mechanical lift for transferring from bed to wheelchair or transferring to the toilet. R4's care plan identifies 4 restorative interventions. The resident requires restorative intervention r/t history of falls, weaknessDate Initiated: 05/13/2025 Revision on: 05/13/2025The resident will maintain current level of mobility through review date.Date Initiated: 05/13/2025 Revision on: 08/01/2025 Target Date: 05/24/2026#1 - RESTORATIVE: ACTIVE ROM Program #1 BUE (bilateral upper extremities) Towel Exercises/Trunk Exercises 3x5x/233k MTWTHF#2- RESTORATIVE ACTIVE ROM Program #2 Hand Bike Level 4 x 10 minutes 3x-5x/week MTWTHF#3 - RESTORATIVE: Dressing/Grooming Program # 1 Face/Teeth 7x/week SMTWTHFS#4 - NURSING RESTORATIVE: GROUP EXERCISES: Bilateral upper and lower extremity strengthening exercises for 15 mins or as tolerated desired 5x/week On 2/25/26 at 11:00 AM, Surveyor reviewed R4's restorative documentation.11/30/25- 12/6/25: Upper extremities (weekdays) - Missed 4 days, Hand bike (weekdays) - Missed 4 days, Dress/groom (7 days a week) - Missed 1 day 12/7/25-12/13/25: Upper extremities (weekdays) - Missed 1 day, Hand bike (weekdays) - Missed 1 day, Dress/groom (7 days a week) - Missed 1 day 12/14/25- 12/20/25: Upper extremities (weekdays) - Missed 2 days, Hand bike (weekdays) - Missed 2 days, Dress/groom (7 days a week) - Missed 2 days, Group exercises (weekdays) - Missed 1 day12/21/25-12/27/25: Dress/groom (7 days a week) - Missed 2 days, Group exercises (weekdays) - Missed 1 day12/28/25-1/3/26: Upper extremities (weekdays) - Missed every day, Hand bike (weekdays) - Missed every day, Dress/groom (7 days a week) - Missed 1 day, Group exercises (weekdays) - Missed 2 days1/4/26- 1/10/26: Upper extremities (weekdays) - Missed every day, Hand bike (weekdays) - Missed every day, Dress/groom (7 days a week) - Missed 2 days, Group exercises (weekdays) - Missed 2 days1/11/26- 1/17/26: Upper extremities (weekdays) - Missed every day, Hand bike (weekdays) - Missed every day, Dress/groom (7 days a week) - Missed 1 day 1/18/26-1/24/26: Upper extremities (weekdays) - Missed 2 days, Hand bike (weekdays) - Missed 2 days, Dress/groom (7 days a week) - Missed 1 day 1/25/26-1/31/26: Upper extremities (weekdays) - Missed 1 day, Hand bike (weekdays) - Missed 1 day2/1/26-2/7/26: Upper extremities (weekdays) - Missed 3 days, Hand bike (weekdays) - Missed 3 days, Dress/groom (7 days a week) - Missed 1 day 2/8/26-2/14/26: Upper extremities (weekdays) - Missed 2 days, Hand bike (weekdays) - Missed 2 days, Dress/groom (7 days a week) - Missed 1 day 2/15/26- 2/21/26: Upper extremities (weekdays) - Missed every day, Hand bike (weekdays) - Missed every day, Dress/groom (7 days a week) - Missed 2 days, Group exercises (weekdays) - Missed 1 day2/22/26- 2/28/26: Upper extremities (weekdays) - Missed 4 days, Hand bike (weekdays) - Missed 4 days, Dress/groom (7 days a week) - Missed 6 days, Group exercises (weekdays) - Missed 4 daysOver the last 13 weeks, R4's upper extremity exercise intervention was documented 9 times not applicable.Over the last 13 weeks, R4's hand bike (continued on next page)

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	525709	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Osseo	51019 Ridge View Road Osseo, WI 54758

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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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	exercise intervention was documented 3 times not applicable, 2 times as resident unavailable, and never documented as refused to participate.Over the last 13 weeks, R4's dress/grooming intervention was documented 17 times as not applicable for dressing and grooming and never documented as refused to participate in dressing and grooming.Over the last 13 weeks, R4's group exercise intervention was documented 18 times not applicable and 1 time unavailable.If NA/not applicable is being used as not available, no evidence or documentation that timing or restorative offerings have been evaluated to accommodate resident choices.On 2/23/26 at 8:01 AM, Surveyor interviewed R4 who stated R4 has exercises R4 does with R4's upper body. R4 stated I can't do anything with my legs, they don't work. R4 stated the exercises are to help R4 keep her upper body strength. R4 stated R4 goes down to do the exercises but only when there is enough staff, which isn't often. R4 stated that R4 has the exercise plan but the restorative CNA has been on vacation and has been unable to go this past week. R4 thinks she should be back tomorrow. R4 states there is no one else that assists with restorative plans when the restorative CNA is gone. R4 stated DON B watched R4 while I did my hand bike last week. Otherwise, I was doing nothing. Example 3R5 was admitted to the facility on [DATE], and has diagnoses that include effusion, left knee, fatigue, impaired balance, limited mobility, limited range of motion, musculoskeletal impairment, high blood pressure, cardiac pacemaker, atrial fibrillation, congestive heart failure, and type 2 diabetes.R5's MDS assessment, dated 12/17/25, indicated that R5's cognition is intact. R4 has clear speech and understands. R5 is non ambulatory and requires assist 1-2 for activities of daily living and personal care and assist of 2 with the sit-to-stand mechanical lift for transfers from bed to wheelchair, and wheelchair to toilet. R5's care plan identifies 3 restorative interventions. The resident requires restorative intervention r/t weakness, hx. of Stroke. Date Initiated: 04/30/2025 Revision on: 04/30/2025The resident will remain free of complications related to immobility, including contractures, thrombus formation, skin-breakdown, fall related injury through the next review date. Date Initiated: 04/30/2025 Target Date: 03/17/2026#1- NURSING REHAB/RESTORATIVE: ACTIVE ROM: Program 1 Arm Bike as tolerate- update NCN w concerns)- #2 - NURSING RESTORATIVE: GROUP EXERCISES: Bilateral upper and lower extremity strengthening exercises for 15 mins or as tolerated #3 - RESTORATIVE NUSTEP: Level 1 Time 10 minutes GOAL: 3-5 x/week to maintain strength and ROM for daily activities. Started 1/18/26 On 2/25/26 at 11:00 AM, Surveyor reviewed R5's restorative documentation. 11/30/25-12/6/25: Arm bike (weekdays) - Missed 3 days, NU-STEP (3-5x/wk, wknds not x out) - Not started12/7/25-12/13/25: Arm bike (weekdays) - Missed 2 days, NU-STEP (3-5x/wk, wknds not x out) - Not started12/14/25- 12/20/25: Arm bike (weekdays) - Missed 3 days, NU-STEP (3-5x/wk, wknds not x out) - Not started12/21/25-12/27/25: NU-STEP (3-5x/wk, wknds not x out) - Not started12/28/25-1/3/26: Arm bike (weekdays) - Missed every day, NU-STEP (3-5x/wk, wknds not x out) - Not started1/4/26- 1/10/26: Arm bike (weekdays) - Missed every day, NU-STEP (3-5x/wk, wknds not x out) - Not started1/11/26- 1/17/26: Arm bike (weekdays) - Missed every day, Group exercises (weekdays) - Missed 1 day, NU-STEP (3-5x/wk, wknds not x out) - Not started1/18/26-1/24/26: Arm bike (weekdays) - Missed 2 days, NU-STEP (3-5x/wk, wknds not x out) - Not started1/25/26-1/31/26: Arm bike (weekdays) - Missed 1 day, NU-STEP (3-5x/wk, wknds not x out) - Started middle this week2/1/26-2/7/26: NU-STEP (3-5x/wk, wknds not x out) - Missed 1 day2/8/26-2/14/26: NU-STEP (3-5x/wk, wknds not x out) - Missed 1 day2/15/26- 2/21/26: NU-STEP (3-5x/wk, wknds not x out) - Missed 2 daysOver the last 13 weeks, R5's arm bike intervention was documented 5 times not applicable, 1 time unavailable, and twice R5 refused to participate in her arm bike restorative.Over the last 13 weeks, R5's group exercise intervention was documented 21 times not applicable.Over the last 3 weeks, R5's NUSTEP intervention was documented 14 times as not applicable.If NA/not applicable is being used as not available, no evidence or documentation that timing or restorative offerings have been evaluated to accommodate resident choices. Example 4 R8 was admitted to the facility on [DATE], and has diagnoses that include pain in left shoulder, chronic pain, age related osteoporosis, wed compression fracture of fifth (continued on next page)

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	525709	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Osseo	51019 Ridge View Road Osseo, WI 54758

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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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	lumbar vertebra, low back pain, and osteoarthritis, left shoulder. R8's MDS assessment, dated 12/4/25, indicated that R8's cognition is moderately intact. R8 has clear speech and usually understands. R8 is non-ambulatory and needs assist of 2 with non-mechanical sit to stand with gait belt for mobility and to transfer from bed to chair and back. R8 needs assist 1 for personal care and hygiene. R8's care plan identifies 2 restorative interventions. The resident requires restorative intervention r/t history of falls, weaknessDate Initiated: 05/13/2025 Revision on: 05/13/2025The resident will maintain current level of mobility through review date.Date Initiated: 05/13/2025 Revision on: 08/01/2025 Target Date: 05/24/2026#1 - NURSING REHAB/RESTORATIVE: ACTIVE ROM: Program #1 Arm Bike at level 2 x 12 minutes 5x/week MTWTHF.#2 - NURSING RESTORATIVE: GROUP EXERCISES: Bilateral upper and lower extremity strengthening exercises for 15 mins or as tolerated/desired 3x-5x/week. On 2/25/26 at 11:00 AM, Surveyor reviewed R8's restorative documentation.11/30/25- 12/6/25: Arm Bike - Missed 3 12/7/25-12/13/25: Arm Bike - Missed 1 12/14/25- 12/20/25: Arm Bike - Missed 2, Group Exercise - Missed 112/21/25-12/27/25 12/28/25-1/3/26: Arm Bike - Missed every day 1/4/26- 1/10/26: Arm Bike - Missed every day 1/11/26- 1/17/26: Arm Bike - Missed every day, Group Exercise - Missed 11/18/26-1/24/26: Arm Bike - Missed 2 1/25/26-1/31/26: Arm Bike - Missed 1 2/1/26-2/7/26: Arm Bike - Missed 3 2/8/26-2/14/26: Arm Bike - Missed 2 2/15/26- 2/21/26: Arm Bike - Missed every day, Group Exercise - Missed 1Over the last 13 weeks, R8's arm bike intervention was documented 3 times not applicable.Over the last 13 weeks, R8's group exercise intervention was documented 17 times not applicable.If NA/not applicable is being used as not available, no evidence or documentation that timing or restorative offerings have been evaluated to accommodate resident choices.Example 5R15 was admitted to the facility on [DATE], and has diagnoses that include osteoarthritis, muscle weakness, right artificial hip, and history of fallings. R15's MDS assessment, dated 2/5/25, indicated that R15 is cognitively impaired. R15 has intelligible words but can make herself understood and has clear comprehension. R15 has no upper and lower impairment and can independently roll left to right. R15 needs supervision to change positions and pivot stand. R15 requires substantial assistance with hygiene and activities of daily living.R15's care plan identifies 2 restorative interventions. The resident requires restorative intervention r/t impaired balance/mobility, dementiaDate Initiated: 05/13/2025 Revision on: 05/13/2025The resident will maintain current level of mobility through review date.Date Initiated: 05/13/2025 Revision on: 05/13/2025 Target Date: 04/23/2026#1 NURSING REHAB/RESTORATIVE: ACTIVE ROM Program #1 Hand Bike Level 4 x 10-15 min 3x-5x per week Monday Tuesday Wednesday Thursday Friday Date Initiated: 05/13/2025 Revision on: 1/13/2026#2 NURSING RESTORATIVE: GROUP EXCERCISES: Bilateral upper and lower extremity strengthening exercises for 15 minutes or as tolerated/desired. 5x/wk MTWTHF Date Initiated: 05/13/2025 Revision on: 11/13/2025 On 2/25/26 at 11:00 AM, Surveyor reviewed R15's restorative documentation.11/30/25- 12/6/25: Hand Bike - Missed 4 12/7/25-12/13/25: Hand Bike - Missed 1 12/14/25- 12/20/25: Hand Bike - Missed 3, Group Exercise - Missed 212/21/25-12/27/25: Group Exercise - Missed 112/28/25-1/3/26: Hand Bike - Missed every day 1/4/26- 1/10/26: Hand Bike - Missed every day, Group Exercise - Missed 11/11/26- 1/17/26: Hand Bike - Missed every day 1/18/26-1/24/26: Hand Bike - Missed 2 1/25/26-1/31/26: Hand Bike - Missed 1 2/1/26-2/7/26: Hand Bike - Missed 3, Group Exercise - Missed 12/8/26-2/14/26: Hand Bike - Missed 3, Group Exercise - Missed 12/15/26- 2/21/26: Hand Bike - Missed every day, Group Exercise - Missed 2Over the last 13 weeks, R15's hand bike intervention was documented 3 times not applicable.Over the last 13 weeks, R15's group exercise intervention was documented 17 times not applicable.If not applicable is being used as not available, no evidence or documentation that timing or restorative offerings have been evaluated to accommodate resident choices.Example 6R23 was admitted to the facility on [DATE] and has diagnoses that include age related osteoporosis, low back pain, thoracic spine pain, weakness, heart failure and congestive heart failure. R23's MDS assessment, dated 12/4/25, indicated that R23 is cognitively impaired. R23 has clear speech but distinct intelligible words (continued on next page)

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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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resulting in her usually being understood and is sometimes able to understand. R23 has no upper and lower impairment and ambulates with a walker. R23 requires substantial assistance to roll left to right and go from a sitting to lying position and vice versa. R23 requires set up and partial assistance with hygiene and activities of daily living, like toilet hygiene and personal hygiene.R23's care plan identifies 2 restorative interventions. The resident requires restorative intervention r/t Impaired Balance, Dementia Date Initiated: 05/13/2025 Revision on: 05/13/2025The resident will maintain current level of mobility through review date.Date Initiated: 05/13/2025 Revision on: 05/13/2025 Target Date: 03/03/2026#1 RESTORATIVE: ACTIVE ROM Program #1 Hand Bike Level 4 x 10 minutes 3x-5x per week MTWTHF Date Initiated: 05/13/2025On 2/25/26 at 11:00 AM, Surveyor reviewed R23's restorative documentation.11/30/25- 12/6/25: Hand Bike - Missed 4 days 12/7/25-12/13/25: Hand Bike - Missed 1 day 12/14/25- 12/20/25: Hand Bike - Missed 3 days, Group exercises - Missed 2 days12/21/25-12/27/25: Group exercises - Missed 1 day12/28/25-1/3/26: Hand Bike - Missed every day 1/4/26- 1/10/26: Hand Bike - Missed every day, Group exercises - Missed 1 day1/11/26-1/17/26: Hand Bike - Missed every day 1/18/26-1/24/26: Hand Bike - Missed 2 days 1/25/26-1/31/26: Hand Bike - Missed 1 day 2/1/26-2/7/26: Hand Bike - Missed 3 days, Group exercises - Missed 1 day2/8/26-2/14/26: Hand Bike - Missed 2 days, Group exercises - Missed 1 day2/15/26- 2/21/26: Hand Bike - Missed every day, Group exercises - Missed 2 daysOver the last 13 weeks, R23's arm bike intervention was documented 5 times not applicable and 1 time resident not available.Over the last 13 weeks, R23's group exercise intervention was documented 17 times not applicable.If not applicable is being used as not available, no evidence or documentation that timing or restorative offerings have been evaluated to accommodate resident choices.On 2/24/25 at 11:50 AM, Surveyor interviewed Certified Nursing Assistant (CNA) K who stated CNA K's primary role is to do restorative care. CNA K stated today she worked with both R3 and R4 on a dressing program. CNA K stated as long as they stretch while dressing, they are doing their restorative. CNA K stated those are the two CNA K gets up every time CNA K works. CNA K stated that R3 has a walking program and R3 does the NUSTEP. CNA K stated R3 did that already today for 15 minutes. CNA K stated R4 did 50 minutes on the arm bike today in 2 sections. CNA K stated R4 chooses to do that the 5 days a week when CNA K is here. Surveyor asked if it is R4's choice to only do her restorative when CNA K is here. CNA K stated no I am the only one technically trained to do restorative. No one else can. Surveyor asked CNA K what if you go on vacation or something. CNA K stated we just had that last week. They had someone lined up but that fell through, and R3 only went down to the bike 2 days when Director of Nursing (DON) B took her.On 2/24/26 at 4:10 PM, Surveyor interviewed DON B who stated that according to MDS, restorative should be 5 days a week. DON B stated that CNA K was gone but DON B took R3 down twice. DON B stated she does not think R4 received any therapy. Surveyor clarified that residents did not get 5 days of restorative. DON B stated, yes, no one got restorative.On 2/24/26 at 4:18 PM, Surveyor interviewed Nursing Home Administrator (NHA) A who stated CNA K took over the restorative program about one month ago when existing restorative CNA had some health issues. NHA A stated as CNA K stepped into the role, we had a working plan of someone backing her up. We planned for CNA M to back her up when CNA K went on vacation. NHA A stated NHA A was in the process of coordinating the training of CNA M before CNA K went on vacation, but therapy wasn't available initially when NHA A tried to coordinate the training and then NHA A got sick. NHA A stated CNA M was not trained before CNA K went on vacation; we did not have a backup when CNA K went on vacation. On 02/25/26 at 9:02 AM, Surveyor interviewed NHA A to clarify how some residents have it documented they received their restorative 7 days a week if there is only one restorative CNA. NHA A and DON B stated it is because of how charting is set up. All staff have access to do the residents' ROM, as staff are getting them dressed and it can be charted by any CNA. DON B stated that restorative of passive ROM and active ROM can be done by all CNAs and does not have to be restorative CNA.

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Dove Healthcare - Osseo	51019 Ridge View Road Osseo, WI 54758

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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 that each resident received adequate assistance devices to prevent accidents or injury and promote safe transfers for 1 resident of 4 residents (R8) reviewed for accident prevention in a sample of 31.The facility did not utilize gait belt during a toileting transfer to enhance R8's function or safety and placed R8 at risk of injury.Findings include:The facility policy, titled Safe Resident Handling/Transfers, last revised 01/2025, states in part: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risk for injury and provide and promote a safe, secure and comfortable experience for the resident.R8 was admitted to the facility on [DATE] and has diagnoses of wedge compression fracture of fifth lumbar vertebra (fracture of spine lower back), age related osteoporosis (weak and fragile bones), cerebral infarction (stroke), macular degeneration (vision loss).R8's Minimum Data Set (MDS) assessment, dated 02/10/2026, indicated that R8 has a Brief Interview for Mental Status (BIMS) score of 8/15 which means moderate cognitive impairment. R8's care plan, last revised 08/01/2025, with a target date of 05/24/2026, states: I have chronic comorbidities which may affect my ability to perform activities of daily living (ADLs). I require assistance with ADLs and transfers. Interventions include Transfer: one assist non-mechanical sit to stand with gait belt.encourage to stand tall, allow her time.On 02/24/2026 at 7:23 AM, Surveyor observed R8 being assisted with toileting by certified nursing assistant (CNA) D. CNA D placed gait belt around R8's waist while R8 was sitting in recliner chair. R8 was able to grasp the bars of the Sara Steady (non-mechanical mobile lift device to assist with safe standing and short transfers) and lift self without assist to standing position on the Sara Steady foot platform. R8 was transported to toilet with Sara Steady device and placed onto toilet by CNA D. To be noted: toilet was low level without a high-rise seat in place and R8 had to bend low to be seated onto toilet. When toileting was completed, R8 was unable to reach forward far enough because of low level toilet to grasp bar of Sara Steady to stand self again. CNA D assisted R8 to stand position by steadily lifting while pulling upward on R8's shoulder/arm until R8 was able to stand on Sara Steady foot platform to be transported to a wheelchair. CNA D did not use the gait belt already in place around R8's waist when assisting R8 to standing position. Gait belt was loose around R8's waist and not effectively tightened for R8's transfer. On 02/24/2026 at 7:23 AM, during observation of R8 being transferred from toilet to wheelchair by CNA D, Surveyor asked CNA D what the proper transferring technique would be for residents who required assistance for standing. CNA D stated in R8's situation, there should have been a high-rise toilet seat in place on toilet so R8 could have reached the Sara Steady grab bars and assist self when standing. CNA D did not indicate need for use of gait belt for transfers. On 02/25/2026 at 8:43 AM, Surveyor interviewed director of nursing (DON) B what staff expectations are for proper transferring and lifting techniques of residents. DON B stated a gait belt was to be always used for manual or non-mechanical transfers of residents. DON B stated that no body part of a resident should be pulled on when lifting or transferring a resident at any time. Record review of facility staff education indicated CNA D completed 100% online training on 12/22/2025 for performing safe transfers.