STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525713	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neighbors - East Neighborhood (the)	658 Howison Circle Menomonie, WI 54751

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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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on interview and record review, the facility did not maintain documentation of screening, education, offering, and current Coronavirus 19 (COVID) vaccination status to staff. This has the potential to affect all 45 residents.The facility did not provide education to all staff for the COVID 19 vaccine.Facility did not develop and implement policies and procedures regarding the COVID 19 vaccine immunization. Findings include:Surveyor was provided separate policies titled Antibiotic Stewardship, Infection Surveillance, Influenza Prevention, Influenza Vaccination, Pneumococcal Vaccine, and the Pandemic Plan. There was no policy for COVID 19 vaccination or mention of COVID 19 vaccination of residents or staff in any of the policies. 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(ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; .(iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff members is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine before requesting consent for administration of any addition doses. (vii) The facility maintains documentation related to staff COVID 19 vaccination that includes at a minimum, the following:(A) That staff were provided with education regarding the benefits and potential risks associated with COVID 19 vaccine: .(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).The facility must maintain documentation that each staff member was educated on the benefits and potential side effects of the COVID-19 vaccine and offered vaccination or provided information on obtaining the vaccine unless medically contraindicated or the staff member has already been immunized. Compliance can be demonstrated by providing a roster of staff that received education (e.g., a sign-in sheet), the date of the education, and samples of the educational materials that were used to educate staff. The facility must document the vaccination status of each staff member (i.e., immunized or not).On 1/6/26 at 7:41 AM, Surveyor interviewed Assistant Clinical Mentor (ACM) C about vaccine clinics. ACM C stated they offer the influenza vaccine to all staff every year and the pharmacy comes and provides the COVID 19 vaccine to those that want it. Surveyor asked if they provide education to all staff and facilitate getting the consents or declinations. ACM C stated they set things up with pharmacy and send out a message to all staff when the COVID 19 vaccine clinic will be. Education is provided when they complete the consent and if they ask. ACM C stated we do not require staff to sign a declination every year if they don't want the vaccine. Surveyor reviewed the background information and most recent COVID 19 consent or declination for Licensed Practical Nurse (LPN) I, Registered Nurse (RN) J and RN K. Surveyor received LPN I's COVID 19 vaccination record with last date received of 6/3/21, RN K's WIR statement showing last COVID 19 vaccine received 3/3/21, and RN J's WIR statement showing last COVID 19 vaccine received was 9/30/21. No declinations since these dates were received. On 1/6/26 (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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	at 2:20 PM, Surveyor interviewed RN K regarding COVID 19 vaccinations. RN K thinks she received an email. RN K signed into Matrix (electronic medical record system) and pulled up her messages. On 10/30/25, RN K received a message regarding the pharmacy coming to provide COVID 19 vaccine. No attachments or education regarding the vaccine in the email. RN K stated she didn't receive education regarding immunizations, influenza or COVID 19. RN K stated she declined. Surveyor asked if RN K needed to sign anything that she declined. RN K stated I think I was supposed to. I haven't done that but need to.On 1/6/26 at 2:32 PM, Surveyor interviewed RN J who stated RN J refused the vaccine. RN J stated RN J thinks RN J signed something. RN J stated there was a clinic and we were encouraged to get it. I haven't gotten it since the first booster. Surveyor asked if RN J had received any written or verbal education on the benefits of the COVID 19 vaccine. RN J stated no I didn't get the education; well maybe, we get a lot of stuff. RN J didn't want the vaccine.On 1/6/26 at 3:45 PM, Surveyor asked again if there were any other policies related to the COVID 19 vaccination and for most recent consent or declination of staff for the COVID 19 vaccine.Surveyor reviewed all documentation provided by Clinical Mentor (CM) B. In all the policies provided there is no mention of COVID or COVID 19 vaccination of residents or staff. The facility has a complete listing of all staff that identifies if they had the primary vaccination, an exemption such as religious, and if up to date. Listing does not identify if education was provided or not. Multiple Matrix (electronic medical record system) messages were sent out to staff regarding a COVID 19 vaccine clinic. No consent, declination, or education attached or embedded in these vaccinations. Staff are told in the message that consent forms are available in the Central building and due by 10/24/25.The facility provided an attendance sign-up sheet from the 10/16/25 Monthly CNA/Homemaker Meeting and a copy of the two slides about COVID 19 and the flu season that was presented at the meeting; 35 staff members attended. There are 66 employees and 23 agency/pool staff, or 89 staff, on the staff listing for the facility provided with the NHSN required vaccine listing. Of the 35 staff members in attendance of the 10/16/25 meeting, 17 signatures on the roster work at the facility.On 1/7/26 at 9:45 AM, Surveyor interviewed ACM C regarding the Matrix staff message sent regarding the COVID 19 vaccine clinic. The first message went out on 10/21/25 at 4:33 PM letting staff know the vaccine would be available on 10/30/25. Consent forms were available at the front desk in the Central building. Surveyor asked if the message included an attachment of the COVID 19 vaccine education. ACM C stated there were no attachments to the messages. Surveyor asked when do staff receive the education about COVID 19 vaccine. ACM C gave Surveyor a blank consent form and the COVID 19 vaccine information sheets and stated they get this when they fill out the consent form. Surveyor asked if at any time leading up to the vaccine clinic does everyone get the education. ACM C stated she would have to check with CM B, but this can happen anytime if they want to know. ACM C stated typically everyone has not gotten the education.On 1/7/26 at 7:43 AM, Surveyor interviewed CM B who stated. CM B does not get a signed form from staff if they decline. CM B stated some staff went outside to get the vaccine and bring documentation to me. I do not have them sign a declination. They are told about it and offered it. If they complete the consent and are vaccinated here, then we provide them the written education. A roster is sent to NHSN of those that receive the vaccine. Surveyor asked, so if they do not sign a consent, do they automatically go on roster as declined. CM B stated yes, unless they bring me proof of vaccination somewhere else. On 1/7/26 at 8:05 AM, Surveyor interviewed ACM C and CM B regarding infection control. ACM C stated there is no specific COVID 19 vaccination policy. The Pandemic Plan includes COVID 19, and the Infection Control Plan is all the policies together. ACM C stated the Pandemic Plan is supposed to cover everything. On 1/7/26 at 1:10 PM, Surveyor interviewed Homemaker (HM) L who stated yes, I am offered the influenza and COVID vaccine every year. HM L stated HM L works at Health and Human Services (HHS) also, so HM L gets her vaccines there. HM L stated that she told ACM C she was vaccinated, and ACM C looked it up somewhere online for their records. HM L stated HM L received education at HHS. I got the email it was being offered, but I didn't get education here.On 1/7/26 at 1:16 PM, Surveyor interviewed LPN I who stated (continued on next page)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	they are told vaccines are available every year and where to get them. Surveyor asked LPN I if they receive education about the vaccine with the information. LPN I stated no we do not. LPN I stated LPN I got the influenza vaccine this year. I haven't gotten the COVID 19 vaccine since the first booster. LPN I stated they don't ask me every year about COVID 19, but let us know it's available. I can get it if I want, but I haven't. Surveyor asked if they have to sign anything that you decline the COVID 19 vaccine. LPN I stated no I haven't signed anything. On 1/7/26 at 2:00 PM, Surveyor interviewed CM B who stated only the staff on the roster received formal education before receiving the vaccine. Surveyor clarified that unless staff were at this meeting they only received the email about the COVID 19 clinic and not the education. CM B stated, yes that is correct.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection.Housekeeping did not use any type of clothing barrier (e.g., apron) when sorting and washing dirty laundry. This practice had the potential to affect all 16 residents residing in the same household.Improper hand hygiene was observed during catheter care and personal care for R5 and R29.The facility policy, titled Laundry Duties, last reviewed 2/5/25, states in part: Policy: The Neighbors of [NAME] County provides laundry services to its residents. This includes both personal clothing and facility linens. Purpose: The purpose of the Laundry is to collect, launder, and return linens and clothing to maintain adequate supplies of clean, sanitary linens for Health Center use. Procedure: Resident Laundry is completed on bath day or as needed. AM/PM staff and homemakers should do all personal clothes and lines [sic] in their household. Transfer soiled laundry to the core soiled linen room in the 3 bagged wheeled cart. Before washing badly soiled clothing/lines [sic] they must be rinsed thoroughly in the hopper in your households soiled linen room. There is no mention of infection control related to laundry beyond what is listed above. There is no mention of personal protective equipment (PPE) to be used during Laundry Duties. Per the Centers for Medicare and Medicaid Services Appendix PP of the Standard Operating Manual, requirements at 42 CFR 483.65(c) Infection Control, Linens, state, Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. According to the CDC Infection Control Environmental Infection Control Guidelines, Section G Laundry and Bedding, laundry areas should have handwashing facilities readily available to workers. Laundry workers should wear appropriate personal protective equipment (e.g., gloves and protective garments) while sorting soiled fabrics and textiles. Example 1 On 1/6/26 at 8:22 AM, Surveyor observed Certified Nursing Assistant (CNA) E collect R37's laundry. CNA E was standing in the doorway of R37's room with a large black garbage bag in hand. CNA E opened the hamper lid, dumped the garbage bag into one of the 3 compartments in the 3-compartment hamper cart and shut the lid. The garbage bag was taken back into R37's room. CNA E did not have on gloves, gown, or any form of PPE. CNA E pulled cart down the hall to the laundry room, unlocked the door, and pulled cart into the laundry room. The room had 3 washing machines, 2 dryers in room towards the back, a sink for handwashing when you walk in, and disposable plastic gown/apron hanging on the wall. CNA E pulled cart to the back by the 3rd washing machine and put on gloves. CNA E, without a gown or some protective barrier, leaned into the soiled linen cart to pull out soiled (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	whites. CNA E's scrub top was touching the soiled linen cart during task. CNA E transferred white washcloths and towels to the washer which were from doing morning peri care and personal cares of all residents in the unit. CNA E closed lid of washer and pushed button on machine to start the load. CNA E showed Surveyor the room, pointing out the door opposite the dryers that goes into a separate room with an exit door to the corridor. CNA E stated this our clean laundry area. During observation, CNA E stated facility has this dirty linen cart (touched the 3-compartment cart) that goes around and gets resident dirty laundry, one room at a time. Resident laundry is done on bath day or when someone's hamper is full. There is a daily load of whites from all the shift peri cares and showers completed during the shift or day. We do not do resident's whites with unit towels. CNA E stated usually CNA E just does all their clothes at once. CNA E took off her gloves and pulled the cart back down to the unit, leaving through the door for soiled linen. The soiled cart did not enter the clean room. The cart was placed back in the soiled utility room on the unit. CNA E stated I do one load at a time; it'll take about 30 minutes. CNA E showed Surveyor the hopper they use if they need to rinse linens first. At end of the observation, Surveyor interviewed CNA E who stated she does not use any other PPE besides gloves when she does laundry. CNA E started to state, We don't have anything, then paused. CNA E stated, Well if we rinse something out, we should wear an apron and face shield. There is a hopper on the unit and apron and shield there. We don't use any bleach. With same soiled scrubs on, CNA E answered a call light assisting R37 with going to the bathroom. Hand hygiene was completed before entering the room. On 1/6/26 at 9:29 AM, Surveyor observed CNA E transfer the clean whites from the washer to the dryer wearing the same soiled scrub top. CNA E was wearing gloves only, no barrier covering her soiled scrub top. Surveyor observed CNA E reach into the soiled hamper cart and pull out resident's personal items and place them into the wash machine. CNA E only had gloves on, no protective barrier in place, and scrubs touched soiled linen cart while pulling the clothing. CNA E stated this will probably take another 30 minutes. At end of the observation, Surveyor interviewed CNA E who stated there is a gown on the wall CNA E could wear but only does when CNA E is dealing with really soiled clothing. Surveyor told CNA E what was observed. CNA E stated CNA E probably should have had the gown on. Surveyor asked if CNA E is done for the day. CNA E stated CNA E is not done for the day and will be caring for residents on the unit; CNA E will not be changing clothes. CNA E shrugged her shoulders and looked away. On 1/6/26 at 2:36 PM, Surveyor observed CNA E wearing same dirty scrubs. On 1/6/26 at 3:45 PM, Surveyor asked Assistant Clinical Mentor (ACM) C what PPE staff should be wearing during laundry. ACM C stated they should be wearing gloves when transferring dirty linen to machine. ACM C stated the laundry area has a clean side for folding, and hands should be washed before folding clothes. Surveyor told ACM C the observation of no gown and leaning into cart to get laundry, soiling scrubs and working shift with soiled scrubs. ACM C stated Oh, she shouldn't have done that. She should have used a gown. Most of the girls pick up the bag and just dump it in the machine. Example 2 Facility policy titled, Hand Washing, Hand Hygiene, last reviewed 09/19/25, states, This facility will (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	outline the appropriate steps to be taken when performing hand hygiene. Hand antisepsis reduces the incidence of health-care-associated infections. Policy further states examples of hand hygiene moments in part as .after body fluid exposure risk, after touching a resident, after touching a resident's surroundings, before and after utilizing gloves. On 01/06/2026 at 8:48 AM, Surveyor observed CNA E conduct morning cares that included incontinence care on R5 who has an indwelling urinary catheter. CNA E conducted hand hygiene and donned clean gloves. After completing upper body cleansing, CNA E unfastened incontinent product and conducted front peri care which included urinary catheter cleansing. CNA E walked into R5's bathroom, and without removing gloves and completing hand hygiene, proceeded to do the following. CNA E: Obtained R5's urinary leg bag from bathroom, opened up an alcohol swab, removed cap from urinary leg bag, and using alcohol wipe, cleansed tip of urinary leg bag tubing. Disconnected nighttime catheter bag tubing from catheter, wiped area with alcohol and connected leg bag to indwelling catheter. Capped nighttime urinary bag and took nighttime urinary bag with and hung on railing in R5's bathroom. Attached urinary leg bag onto right leg. Placed R5's socks on R5's feet. Walked into R5's bathroom to obtain peri cleansing wipes, walked back to R5's bedside and picked up a towel off floor, picked up a clean incontinent product and positioned R5 to turn onto left side and conducted cleansing of R5's rectal area. Without removing original gloves and conducting hand hygiene, CNA E continued to proceed to do the following tasks: Touched and positioned R5 onto right side to position and fasten clean incontinent product. Disposed of dirty incontinent product and put on clean pants. Touched bed controller, raised R5's bed and proceeded to roll R5 side to side to pull up pants and picked up bed controller to lower R5's bed. Placed vinegar in a graduate and filled a flushing syringe. Picked up nighttime urinary bag, opened port to empty urine in toilet and flushed out urinary bag with vinegar. On 01/06/2026 at 9:08 AM, Surveyor interviewed CNA E regarding facility's expectations on when to remove gloves. Surveyor shared observation of no removal of gloves or conducting hand hygiene during entire observation which included cleansing front and back peri care, before the exchange from urinary bag to leg bag, and dressing and touching clean clothing items. CNA E stated the expectation is remove gloves and conduct hand hygiene after conducting peri care. On 01/06/2026 at 4:02 PM, Surveyor interviewed Assistant Clinical Mentor (ACM) C regarding observation of CNA E conducting R5's entire AM cares without removing gloves and conducting hand hygiene. ACM C stated expectation that CNA E should remove gloves and conduct hand hygiene after conducting peri care. Example 3 On 01/07/2026 at 6:43 AM, Surveyor observed CNA F transfer R29 from bed to wheelchair. CNA F ambulated R29 to bathroom. CNA F donned gloves and began providing cares to R29. CNA F washed R29's face, back, and arms. CNA F then placed gait belt on R29 and instructed R29 to stand up to provide peri cares. Surveyor observed CNA F wash R29's peri area around penis and then washed R29's buttocks. Surveyor observed CNA F grab gait belt with contaminated gloves and instruct R29 to (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	sit down in wheelchair. R29 sat down, then CNA F grabbed the wheelchair brakes and unlocked wheelchair to pull R29 back out of bathroom with contaminated gloves. CNA F wheeled R29 over to bedside table, grabbed R29's glasses with contaminated gloves and wiped down the glasses with towel then placed glasses on R29's face. CNA F then grabbed wheelchair handles with contaminated gloves, wheeled R29 to the door, then took off contaminated gloves and threw in trash. CNA F then wheeled R29 out of R29's room without completing hand hygiene and brought R29 to the table in dining room. On 01/07/2026 at 7:03 AM, Surveyor interviewed CNA F and asked what CNA F's process is for providing cares and then completing hand hygiene. CNA F reported to Surveyor that CNA F should have taken off gloves and sanitized hands before R29 transferred to wheelchair but did not.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record review and interview, the facility did not ensure residents/representatives received notice of bed-hold policy indicating specific reason for transfer or discharge, received notice before transfer or discharge indicating reserve payment, and/or did not send a copy of the discharge notice to the Office of the State Long Term Care Ombudsman Notification for 2 of 3 residents (R8 and R16).-Facility did not provide a transfer notice form for R16's hospitalizations on 07/09/25, 07/19/25, and 07/23/25.-Facility did not provide specific reason for transfer for R8's hospitalization on 12/06/25.-Facility did not have notification of the daily bed rate on the bed hold policy forms for R8's hospitalization on 12/06/25 or R16's hospitalizations on 07/09/25, 07/19/25, and 07/23/25.-Facility did not notify Ombudsman of R16's hospitalization on 07/19/25.The facility policy titled, Bed Hold Policy for Medical Assistance Residents, last reviewed on 10/25/25 states in part, Beds shall be held for fifteen (15) days for the residents receiving Medical Assistance (MA) while on a hospital or therapeutic leave. There is an option to make payment privately for days beyond the Medicaid bed hold limit at 100% of the current private rate for the level of care determined at the time of discharge. Purpose: To assure the resident and family/legal representative that the bed will be held for fifteen (15) days without replacement while on a hospital or therapeutic leave and/or privately pay to hold the bed under MA program provisions. Procedure: 1. Before a resident is transferred to a hospital or is allowed to go on a therapeutic leave, written information must be given to the resident and/or family member or legal representative specifying the bed hold policy at the facility.The facility was unable to provide a policy regarding Notice of Transfer/Discharge. Example 1 On 12/06/25, R8 was transferred to the emergency room and was provided a bed hold with no reserve payment identified and a discharge notice that did not indicate specific reason for transfer/discharge. Example 2 Surveyor reviewed R16's Electronic Health Record (EHR) that indicated R16 was hospitalized : -07/09/25-07/09/25: For shortness of breath, coughing, and resident request to transfer to ER. -07/19/25-07/20/25: For a fall in room unwitnessed. -07/23-07/26/25: For tachycardia. On 01/06/2026 at 1:27 PM, Surveyor received a bed hold policy notice for R16 from 07/19/25 from Nursing Home Administrator (NHA) A. Surveyor requested the notice of transfer as well for R16 from 07/19/25. NHA A reported to Surveyor that NHA A would try to find the notice. On 01/07/26 at 8:48 AM, Assistant Clinical Mentor (ACM) C approached Surveyor and stated, We do not have a Notice of Transfer for [R16's] transfer on 7/19/25. It was a travel nurse who transferred [R16], and I cannot reach her to follow up. Surveyor asked why ACM C thinks it was not completed and what the process is. ACM C reported to Surveyor that ACM C's expectation is that nurses obtain a copy before they transfer out but that nurses are sometimes in a hurry, and it doesn't always happen. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/07/2026 at 9:52 AM, Surveyor requested remaining bed holds and notice of transfers for hospitalizations on 07/09/25 and 07/23/25. On 01/07/2026 at 10:01 AM, Surveyor received bed hold notice for R16 from hospitalization 07/23/25 but Social Worker (SW) D reported there was no bed hold or notice of transfer for 07/09/25. On 01/07/2026 at 10:12 AM, Surveyor interviewed SW D and asked about the bed hold notice for 07/19/25 and 07/23/25 not having the daily payment rate on notice to properly inform R16 or R16's POA of the bed hold payment amount. SW D reported that SW D did not know of the updated regulation. Surveyor asked SW D why R16 did not have a bed hold or transfer notice for 07/09/25. SW D reported there was no need for a bed hold policy or notice of transfer for 07/09/25 since R16 came back within 4 hours. Surveyor indicated to SW D that regardless of how long R16 spent in the ER the facility still did not know when R16 would return so R16 would need to be informed and educated on bed hold and reason R16 is going to the hospital. SW D reported to Surveyor that SW D understood. On 01/07/2026 at 1:38 PM, Surveyor interviewed SW D and asked if Ombudsman was notified for R16's hospitalization on 07/19/25. SW D reported that she did not know she should have reported this since R16 was in hospital only for 4 hours. Surveyor indicated to SW D that state regulation states to update Ombudsman with all admission, transfers, and discharges. SW D reported to Surveyor that SW D understood going forward.

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure follow up dental care for 1 (R7) of 1 resident reviewed for dental care. R7 complained of tooth pain and requested to see a dentist to have remaining teeth pulled due to broken teeth causing pain during eating. The facility did not document the follow up or extenuating circumstances that led to the delay.Evidenced by: R7 was admitted to the facility on [DATE]. R7's most recent Minimum Data Set (MDS), with Assessment Reference Date (ARD) of 11/11/25, indicates R7's cognition is intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15. Surveyor reviewed R7's dental progress notes, physician orders, and an email chain pertaining to dental needs: On 07/18/23, progress note states, Specialty care referral form completed to VA for [R7]. [R7] asking to have the rest of his teeth pulled. [R7] doesn't want to work toward dentures.On 08/08/23, a physician order for R7 requesting a dental appointment. On 10/18/23, date of service assessment states: R7 requesting teeth extracted and to get mandibular/max dentures, oral cancer exam completed with negative results for cancer. Class right side cross bite with 3 occlusions. Options: 1: to save as much teeth as possible, Option 2: would be to consider different options including implant retained. R7 wants to go forward with affordable dentures and wanted to go with the acceptable referral to affordable dentures. On 10/13/25, dietary progress notes states, .received a referral for nutritional assessment from recent visit to VA. Recent weight is 162.4 # on 10/08/25 which has been a slow decrease over past years due to his poor intakes. He also cited his poor dental status. Writer noted his preferences state dietary profile and has been taking Ensure three times a day. This provides just under half of both his calorie and protein needs, with his stated oral intake he is most likely falling short of his estimated needs. On 11/25/25, email from Social Worker (SW) D to Unit Clerk G that states, [R7] would like to see a dental provider to get his remaining teeth pulled and then new teeth. Not sure what VA would cover but would imagine dentures? Sounds like from [R7] he went through the VA to see a dentist when he was in St. Cloud. On 12/09/25, progress note, states in part, Resident stated to cancel eye appointment and would like a dental appt at the dental appt at VA for possible extraction of his teeth and possible implants. Unit clerk will reach out to the VA to schedule appointment. Surveyor requested valid documentation of follow up on recommendations from dental provider from the dental assessment on 10/18/23. Facility did not have any follow up documentation. On 01/05/2026 at 10:16 AM, Surveyor interviewed R7 and asked R7 how R7 feels about his dental care. R7 reported that R7 had asked SW D for assistance in setting up a dental appointment for R7 to have all his teeth pulled so that maybe R7 could eat better. R7 reported that R7 was seen back in 2023 with recommendations from dental provider to have teeth pulled and gain dentures, but facility did not go any further with handling R7's dental needs. Surveyor observed R7 hiding his teeth, worried about his smile. R7 stated, My teeth are broken and hurts when eating sometimes. On 01/06/2026 at 11:19 AM, Surveyor requested grievance logs for the last year pertaining to R7's dental request. Nursing Home Administrator (NHA) A reported that NHA A will go pull the grievance log and try to discuss R7's request about dental matters. On 01/06/2026 at 11:56 AM, Surveyor interviewed NHA A and NHA A reported to Surveyor that NHA A found a progress note related to R7's request for VA dental. NHA A reported to Surveyor that Unit Clerk G has already submitted the request for dental services from the VA and awaiting approval. Surveyor asked for verification of the VA referral request for dental services. NHA A reported that Unit Clerk G made a phone call to VA, so it is all verbal. Surveyor asked if Unit Clerk G documents this information anywhere, and NHA A reported that NHA A was unsure. Surveyor let NHA A know that R7 requested that if R7 cannot receive coverage from the VA that R7 can pay out of pocket. Surveyor let NHA A know that could be an option to meet R7's needs. NHA A reported that NHA A will let unit clerk know of the out-of-pocket request as well if VA does not approve. On 01/07/2026 at 11:59 AM, Surveyor interviewed Assistant Clinical Mentor (ACM) C and asked if ACM C is aware of R7 complaining about (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525713	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neighbors - East Neighborhood (the)	658 Howison Circle Menomonie, WI 54751

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R7's teeth in pain, hard to eat sometimes, and broken teeth. ACM C reported that ACM C is aware that R7 is requesting to have his teeth pulled and asked back in December of 2025. Surveyor asked ACM C for documentation of progress notes stating how the facility is handling R7's dental needs. ACM C reported to Surveyor that there is only one progress note in December 2025 that states Unit Clerk G will call VA for a referral. Surveyor asked ACM C if Unit Clerk G has made this phone call to VA. ACM C reported that Unit Clerk G made a phone call to the VA and communicated this with ACM C. Surveyor asked ACM C how the phone call to VA was communicated to ACM C. ACM C reported to Surveyor that Unit Clerk G , ACM C, and SW D communicate together usually verbally or through email. Surveyor asked ACM C how the floor nurses are to receive the updated information about specialty services for continuity of care. ACM C reported to Surveyor that the nurse on the floor just comes and asks ACM C or Unit Clerk G. Surveyor asked ACM C when R7 reported R7's dental needs in August of 2023 and a referral was sent out for a comprehensive dental exam, then R7 had the comprehensive assessment in the clinic from specialty on 10/18/23 with a referral to provide R7 with affordable dentures, then why did R7 not receive the recommended services of affordable dentures. ACM C reported that the recommendations from R7's referral visit to dental specialist was never brought back to the facility when R7 returned. Surveyor asked ACM C is it the expectation that R7 needs to bring back any recommendations/orders from an outside provider or is it the obligation of the facility to always follow up with specialty appointments for continuity of care. ACM C stated, It is kind of both, the facility's responsibility and the resident to bring the information back. Surveyor asked ACM C if the facility followed up with the recommendations from the dental specialist for R7 to have teeth pulled and receive dentures. ACM C reported to Surveyor that R7 receiving dentures from affordable dentures was never handled in 2023 but will be now. On 01/07/25 at 12:10 PM, Surveyor requested dental services and management policy. Surveyor received policy titled Resident Dental Care/Dentures but only entailed denture management and dental services for dentures. On 01/07/2026 at 1:15 PM, Dietician H approached Surveyor and gave Surveyor Dietary note dated back to 10/13/25 that states, [R7] also cited his poor dental status and some difficulty managing silverware as factors impacting his eating. Surveyor interviewed Dietician H and asked if Dietician H did anything about the complaint from R7 about poor dental status. Dietician H reported to Surveyor that Dietician H should have reported this concern to a nurse or someone and that Dietician H did not specify R7's poor dental status and what that meant. Dietician H stated, I should have offered ground meat or something as an alternative, but I did not. Surveyor asked Dietician H if R7's weight loss over the last couple years has been related to poor dental health. Dietician H reported to Surveyor that Dietician H could not answer that accurately as R7 has other factors indicating weight loss as well. On 01/07/2026 at 1:38 PM, Surveyor interviewed SW D and asked when SW D was notified that R7 was having some dental concerns and would like specialty to assess R7. SW D reported that originally the complaint from R7 came from a nurse sometime in November and so SW D interviewed R7 who confirmed that if VA won't pay R7 will pay out of pocket. SW D reported that she immediately emailed Unit Clerk G that R7 wanted dental services outside the facility. On 01/07/2026 1:41 PM, Surveyor interviewed Unit Clerk G and asked when Unit Clerk G knew about R7's complaint. Unit Clerk G reported that she received an email in November from SW D and called the VA. Unit Clerk G stated, It is so hard to get a hold of them. Unit Clerk G then received another request for referral of dental services in December, so Unit Clerk G decided to try VA again. Unit Clerk G has a call out presently confirming if R7 needs to be evaluated at the VA or can go to an outside provider. Unit Clerk G stated, I do not have that answer yet, but will be calling again. Surveyor asked Unit Clerk G if Unit Clerk G keeps in records of the steps Unit Clerk G completes for referrals and handling R7's request for dental services. Unit Clerk G reported to Surveyor that Unit Clerk G does not have access to the Electronic Health Record (EHR) to document and therefore Unit Clerk G does not keep a paper trail. On 01/07/2026 at 1:45 PM, Surveyor interviewed ACM C and relayed Surveyor's concerns with facility not providing dental services or following up on recommendations from an outside dental provider. (continued on next page)

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