

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/05/2026
NAME OF PROVIDER OR SUPPLIER Dove Healthcare - Rice Lake		STREET ADDRESS, CITY, STATE, ZIP CODE 910 Bear Paw Ave Rice Lake, WI 54868	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not complete a thorough investigation of the alleged violation for 1 of 3 residents (R) reviewed. (R1)The facility failed to interview staff and other residents as part of the investigation. According to statute S483.12(c)(2) and S483.12(c)(3), the facility must have evidence that all alleged violations are thoroughly investigated to prevent further potential misappropriation while the investigation was in progress. R1 was admitted to the facility on [DATE] with a diagnosis of mild cognitive impairment. Surveyor reviewed the facility's investigative file that revealed on 11/24/25, R1 reported missing identification documents and an unauthorized \$10,000 transfer and \$5,000 withdrawal from his bank account that was later returned. Surveyor was unable to locate evidence that other residents were interviewed to ensure no other residents experienced misappropriation. No evidence was found that staff interviews were conducted in an attempt to determine further knowledge of the incident and/or if other residents reported similar concerns. On 01/05/26 at 11:45 AM, Surveyor interviewed R1 who reported that 5 cards were missing and R1 has a company that helps with finances. (This was inconsistent with what was reported by R1 to facility staff and what was noted in the report from Adult Protective Services.) On 01/05/26, Surveyor interviewed Nursing Home Administrator (NHA) A and asked if other residents or staff were interviewed regarding the incident. NHA A confirmed they did not feel they needed to because R1 reported their wallet being at R1's previous residence and R1 has intact cognition. Surveyor asked if they knew when R1's wallet came into the facility. NHA A reported they did not know and was going off what R1 reported. Surveyor informed NHA A of R1's inconsistent answers and the diagnosis of cognitive impairment. NHA A verbalized better understanding and will ensure interviews will be conducted moving forward.</p>

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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