STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525718	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WI Veterans Home Moses Hall	210 Cumberlidge Ave King, WI 54946

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure bowel management protocol was followed for 1 member (M) (M82) of 6 members reviewed for hospitalization in a total sample of 36 members.M82 did not receive as needed (PRN) bowel medication per facility protocol. On 5/18/26, M82 was transferred to the hospital for a small bowel obstruction. In addition, M82's care plan was not updated after the hospitalization.Findings include:The facility's Bowel Management Protocol policy, dated 11/25/24, indicates: The absence of an adequate bowel elimination for seven consecutive nursing shifts shall result in the nurse offering the member a prescribed laxative on the eighth nursing shift; continued elimination absence for eleven consecutive nursing shifts shall result in the nurse offering a prescribed suppository or enema on the twelfth nursing shift.M82 was admitted to the facility on [DATE] and had diagnoses including drug-induced constipation and unspecified intestinal obstruction. M82's Comprehensive Minimum Data Set (MDS) assessment, dated 6/18/26, stated M82 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating M82 had intact cognition. The MDS assessment indicated M82 was occasionally incontinent of bowel and required substantial/maximal assistance with toileting, transferring to the toilet, and hygiene. An MDS assessment, dated 5/5/26 (which was prior to M82's hospitalization for a small bowel obstruction on 5/18/26), indicated M82 was fully continent of bowel and independent with transferring to the toilet and toileting hygiene. M82's medical record contained orders for daily Miralax and Dulcolax related to constipation.Between 6/15/26 and 6/17/26, Surveyor reviewed M82's bowel documentation which indicated M82 had a bowel movement on 5/14/26 at 6:34 AM. M82's next documented bowel movement was a medium bowel movememt on 5/17/26 at 8:29 PM which indicated M82 went nine shifts without a bowel movement. M82's medical record did not indicate M82 was offered PRN bowel medication per protocol on the eighth shift. M82 experienced a sudden change in condition and was transferred to the hospital on 5/18/26 at 2:00 AM. M82 returned to the facility on 6/1/26.Surveyor reviewed M82's care plan which did not indicate M82 experienced constipation or was recently hospitalized for a small bowel obstruction. On 6/17/26 at 11:21 AM, Surveyor interviewed Director of Nursing (DON-B) who confirmed M82 should have received bowel medication on the eighth shift but did not receive any. DON-B provided an order that was transcribed in M82's medical record on 5/17/26 at 7:02 PM for PRN Miralax but confirmed the medication was not documented as administered.

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