STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513 Based on interview, record review, and review of facility policy, the facility failed to inform the resident representative of a change in condition for one resident (R) (R5) of four residents reviewed for change in condition. The facility failed to inform R5's representative of increased respiratory symptoms including being positive for the respiratory syncytial virus (RSV) for two days prior to having to be transferred to the hospital. This failure placed the resident representative at risk of not being aware of the care and services provided by the facility. Findings included. Review of the facility's policy titled, Notification of Change, dated 02/2023 revealed, .The purpose of this policy is to ensure the facility promptly informs the . resident's representative when there is a change requiring notification .Circumstances requiring notification include .Significant change in the resident's physical, mental, or psychosocial condition such as deterioration in health, mental or psychosocial status . This may include .Life threatening conditions or clinical complications . Review of the Admission Record located in the Profile tab of the electronic medical record (EMR) revealed R5 was admitted to the facility on [DATE] with diagnoses that included heart failure, irregular heart rhythm, and respiratory failure. Review of the quarterly Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 12/21/23 revealed R5 had a Brief Interview of Mental Status (BIMS) score of three out of 15 which indicated she was severely impaired in cognition. Review of a Progress Note dated 01/16/24 located in the Progress Note tab of the EMR revealed R5 was complaining of not feeling well. It was noted that she had a cough, headache, and sore throat since Sunday (01/14/24) and was swabbed for RSV and influenza (flu). There was no documentation in the EMR to show that R5's resident representative was notified of the changes. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Progress Note dated 01/17/24 located in the Progress Note tab of the EMR revealed that R5 continued to not feel well. She had a worsening cough which was documented as harsh, increased tiredness and confusion. Staff noted that she was falling asleep while eating. Lung sounds revealed increased abnormal sounds, and her appetite was decreased. The swab for the RSV was positive and she was placed on droplet precautions. There was no documentation in the EMR to show that R5's resident representative was notified of her significant change in condition or the positive RSV swab. Review of a Progress Note dated 01/18/24 located in the Progress Note tab of the EMR revealed, CNA [Certified Nurse Aide] came to get this nurse stating residents' lips were purple, pupils dilated, not very responsive, and hot .Resident's lung sound full of fluid .Ambulance notified .Called ER [emergency room] with update .Daughter called with update message left . During an interview on 03/27/24 at 1:00 PM, Family Member (FM)1 was asked if the facility had notified her on 01/16/24 and 01/17/24 of R5's changes in her condition. FM1 stated, No, they did not. During an interview on 03/28/24 at 6:12 AM, the Director of Nursing (DON) was asked why R5's FM 1 was not updated on 01/16/24 when she began having a change in condition or on 01/17/24 when the RSV swab was positive. The DON stated, I don't know why Licensed Practical Nurse (LPN) 3, who was on duty, did not notify her daughter. The DON was asked what her expectations regarding resident representative notification are. The DON stated, The family should have been called. R5's family member was not notified when R5 had a change in condition and was positive for RSV.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513 Based on interview, record review, document review, and facility policy review, the facility failed to ensure three residents (R) (R2, R3, and R4) were provided care in a manner to prevent mistreatment and neglect by Certified Nurse Aide (CNA) 5. Findings include: Review of the facility's policy titled, Abuse, Neglect, and Misappropriation, dated 02/2023 revealed, .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent . neglect .Mistreatment means inappropriate treatment. Neglect means failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress . Example 1: Review of the Admission Record located in the Profile tab of the electronic medical record (EMR) revealed R2 was admitted to the facility on [DATE] with diagnoses that included chronic pain syndrome and major depressive disorder. Review of the quarterly Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 12/21/23 revealed R2 had a Brief Interview of Mental Status (BIMS) score of 12 out of 15 which indicated that R2 was moderately impaired in cognition. The MDS further revealed that R2 required partial assistance with toileting, was independent in transfers, and used a wheelchair for mobility. Review of the Facility Investigation dated 11/20/23 provided by the Administrator revealed R2's statement which indicated, Everything was ok [okay], except there was this one girl [name of CNA5] .I asked her to help me pull my pants up after I used the bathroom. She was short with me. During an initial interview on 03/26/24 at 10:39 AM, R2 was asked if she remembered the situation with Certified Nurse Aide (CNA) 5 in November 2023. R2 stated, The only thing it could be was she did not respond to my call light as I was on the toilet for over an hour. I got up off the toilet and got out to the bed and took that blue pad off the bed and put it on my chair and sat there until she came. This is the only thing I can think of. During a follow-up interview on 03/28/24 at 8:44 AM, R2 was asked, how did the lack of care provided to you at that time make you feel. R2 stated, It was abusive to me, anytime you are left on the toilet for over an hour, it's abusive. I felt ignored. Example 2: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Admission Record located in the Profile tab of the EMR revealed R3 was admitted to the facility on [DATE] and discharged on [DATE]. R3 had diagnoses that included recent hip replacement surgery, weakness, and urinary incontinence. The MDS further revealed that R3 required substantial assistance with bed mobility, however, she was independent in all other activities of daily living (ADLs). Review of the quarterly MDS located on the MDS tab of the EMR with an ARD of 11/10/23 revealed R3 had a BIMS score of 15 out of 15 which indicated she was cognitively intact. Review of the Facility Investigation dated 11/20/23 provided by the Administrator revealed, R3 was asked what happened on the night shift with CNA 5. R3 stated, Last night, this CNA she's just rude. She gave me heck for scooting to the edge of my bed. She say's (sic) I'm not to do that because I was going to fall. I then I got up and when I needed to get back in (sic) bed, the bed was raised. I asked her to lower it so I could get in and she rudely said, Make up your mind. When she helped me back in bed, she yanked my feet so fast (to reposition) I wasn't ready, and it hurt. I had hip surgery on that hip so I can't move that fast. When I got up before this, I put my legs over the bed. I tried to get up and I put my hands out to hold onto the CNA. She really yanked my hand then. She said, 'You're supposed to do this yourself. How are you going home if you can't do this. She then left me and didn't give me my light (call light) once I was back in bed. (R3 began to cry) She was just awful. Example 3: Review of the Admission Record located in the Profile tab of the EMR revealed R4 was admitted to the facility on [DATE] with diagnoses that included a stroke, mental illness, and major depressive disorder. Review of the admission MDS located in the MDS tab of the EMR with an ARD of 11/01/23 revealed R4 had a BIMS score of 15 out of 15 which indicated she was cognitively intact. The MDS further revealed R4 required partial assistance from staff for toileting and transfers. She used a wheelchair for mobility. Review of the Facility Investigation dated 11/20/23 provided by the Administrator revealed R4 stated, I put my call light on between 1:00 AM and 2:00 AM. A new CNA (CNA5) said to me What'd you put your call light on for? I told her, I have to go to the bathroom. Then she said, I was just in here 20 minutes ago and you don't have to go to the bathroom. Then she just walked away. I told CNA1 about it today and I didn't put my light back on for awhile (sic). During an initial interview on 03/26/24 at 10:45 AM, R4 was asked if she remembered the incident in November 2023 regarding CNA 5. R4 stated, She refused to take me to the bathroom. I ended up waiting a while and then I put my light back on. It made me angry when it happened. During a follow-up interview on 03/28/24 at 9:08 AM, R4 stated, I don't feel I was abused, but I did feel neglected. R4 further stated, I felt angry and upset (at the time) like she didn't give a [care] about me. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Facility Investigation dated 11/20/23 provided by the Administrator revealed, .R3 and R4 reported mistreatment by CNA5 on 11/20/2023 to CNA1, who reported this to the Director of Nursing (DON) and Administrator. During an interview on 03/26/24 at 1:32 PM, CNA1 was asked what knowledge she had of the incident that took place in [DATE] with R2, R3, and R4. CNA1 stated, I remember reporting on behalf of the residents. She (CNA5) was the night CNA, and I was on days. I remember R2 asked for help getting dressed and said the aide refused to help her. R4 had been upgraded by Physical Therapy (PT) as independent but if she asks, we are to help her. R3 couldn't get in or out of bed by herself and the aide refused to help her go to the bathroom and she needed help getting her legs up. CNA5 told R3 she could do it herself. R3 was very upset about and crying about it when she told me. R3 stated that her legs were thrown into the bed, but we didn't find any skin issues. For R4, she was baffled and angry. R2 was shocked (by the situation). Review of the Facility Investigation provided by the Administrator revealed that the conclusion to the investigation was, Mistreatment by CNA 5 was substantiated due to the number of reports received and emotional responses of the residents who endured this treatment. It should be noted this mistreatment was poor customer service, not allowing residents adequate time needed during care interactions along with failure to respond to assistance during time of request .CNA5 has been taken off the facility schedule and will not return. Her staffing agency was contacted and asked to have her [do not return] list from this facility . During an interview on 03/26/24 at 10:53 AM, the Administrator was asked if the allegation was substantiated as abuse. The Administrator stated, It was more emotional than anything. I did substantiate it as mistreatment though and not abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513 Based on interview, record review, and review of the facility policy, the facility failed to ensure two Residents (R) (R5 & R6) reviewed in a total sample of 18, were free of any significant medication errors. Findings included. Review of the facility's policy titled, Documentation in Medical Record, dated 02/2023 revealed, .Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation . Review of the facility's policy titled, Medication Orders, dated 02/2023 revealed, .Medications should be administered only upon the signed order of a person lawfully authorized to prescribe .If using electronic medication records, input the medication order according to the electronic health record (EHR) instructions and facility policy .Transcribe newly prescribed medications on the MAR (Medication Administration Record) or treatment record or ensure the order is in the electronic MAR .When a new order changes the dosage of a previously prescribed medication, discontinue previous entry by writing DC'd and the date, or discontinue the order as per the electronic software instructions and retype the new order .Enter the new order on the MAR or ensure the new order is in the electronic MAR .Notify resident's sponsor/family of new medication orders . Example 1 Review of the Admission Record located in the Profile tab of the electronic medical record (EMR) revealed R5 was admitted to the facility on [DATE] and had diagnoses that included heart failure, an irregular heart rhythm, respiratory failure and was oxygen dependent. Review of the quarterly Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 12/21/23 revealed a Brief Interview of Mental Status (BIMS) score of 3 out of 15 which indicated she was severely impaired in cognition, had shortness of breath when lying flat, utilized oxygen and a continuous positive airway pressure (CPAP) machine (used to reduce the work of breathing in conditions such as heart failure.) Review of an Oxygen Use Care Plan dated 01/09/24 located in the Care Plan tab of the EMR revealed, The resident has oxygen therapy r/t [related to] Chronic Respiratory failure with Hypercapnia [when you have high levels of carbon dioxide in your blood], congestive heart failure, and shortness of breath when lying flat. Interventions, dated 01/09/24 included the following: Oxygen Settings: O2 via nasal cannula @ 2L (liters) continuous Humidified. Resident will wear her CPAP per orders at night. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Progress Note dated 01/16/24 located in the Progress Notes tab of the EMR revealed, R5 not feeling well, has coughing, headache, and sore throat since Sunday. She was swabbed for RSV [Respiratory syncytial virus]/influenza .She is under resp. [respiratory] precautions until further notice. Review of a Progress Note dated 01/17/24 located in the Progress Notes tab of the EMR revealed, Pt [patient] continues to not feel well. Pt continues to cough. Pt is also more confused and tired. Pt drifting off to sleep while eating breakfast. Pt's lungs have adventitious (lung sounds in addition to the expected breath sounds) lung sounds noted on inspiration and expiration. Pt's cough is harsh. Pt also has decreased appetite. Fluids are encouraged throughout the day. Pt tested positive for RSV. Pt is on droplet precautions. Review of the 01/18/24 at 1:44 PM Progress Note located in the Progress Notes tab in the EMR revealed, MD [Medical Doctor] is made aware that resident is RSV positive. No new orders. Review of the 01/18/24 at 5:34 PM Progress Note located in the Progress Notes tab in the EMR revealed, CNA [Certified Nurse Aide] came to get this nurse stating resident's lips were purple, pupils dilated, not very responsive, and hot. This nurse and the charge RN [Registered Nurse] assessed her and found her heart rate to be anywhere from 160 to 175, Oxygen in the low 70's, temp [temperature] and BP [blood pressure] Normal. Resident is positive for RSV. Resident's lungs sound full of fluid. Resident is full code. Called ambulance. Applied oxygen at 5L. O2 [oxygen] did go up to 82 to 86 at that time. Called ER [emergency room] with Update Review of the Hospital Discharge Summary, dated 01/22/24 provided by the Director of Nursing (DON) revealed that R5 was diagnosed with Sepsis with acute hypoxic respiratory failure due to the RSV. On 01/22/24, R5 was discharged from the hospital and was readmitted to the facility. Per the Hospital Discharge Summary, R5 had a new physician order for Ipratropium-albuterol (DuoNeb-a medication given by nebulizer that works by opening the airways and reducing inflammation in the lungs help your breathing) 0.5-2.5mg/3ml Soln. Take 3mls by nebulization 4 [four] times daily for 10 days, THEN 3mls 2 (two) times daily for 5 days. Review of the January 2024 MAR and Treatment Administration Record (TAR) located in the Orders tab of the EMR revealed no documentation that the physician order for the DuoNeb was transcribed from the Discharge Summary at the time R5 was readmitted to the facility therefore, the breathing treatments were not administered, as ordered. Review of the 01/26/24 at 7:15 PM Progress Note located in the Progress Notes tab of the EMR revealed, During nursing rounds the Pt was observed sitting upright in her recliner with her eyes closed. The nurse began talking to the Pt to assess her mentation. Upon the writer asking the Pt 'What is your first and last name?' The Pt opened her eyes but was unable to answer. The nurse performed a head to toe (sic) assessment .Pt was unable to grip the nurse's hands bilaterally or answer any questions. At 7:22 PM the nurse called the ER and gave report. Review of the 01/26/24 at 11:03 PM Progress Note located in the Progress Notes tab of the EMR revealed R5 was readmitted to the hospital. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the 01/31/24 Hospital Discharge Summary located in the Miscellaneous tab of the EMR revealed R5 was diagnosed with Left Lower Lobe Pneumonia. During an interview on 03/28/24 at 6:12 AM, the DON was asked after reviewing the January 2024 MAR and TAR and the Hospital Discharge Summary dated 01/22/24 why were the DuoNeb not transcribed in the EMR and therefore, not administered per the physician's order. The DON stated, It got missed. The DON confirmed that she was responsible for transcribing the orders from the Hospital Discharge Summary into the EMR and the DuoNeb were not given as ordered. Example 2: Review of the Admission Record located in the Profile tab of the EMR revealed R6 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary (COPD) disease and emphysema. Review of the quarterly MDS located in the MDS tab of the EMR with an ARD of 01/19/24 revealed, R6 had a BIMS score of 14 out of 15 which indicated he was cognitively intact. The assessment further showed he was a smoker and had shortness of breath when lying flat. Review of an 01/17/24 Progress Note located in the Progress Notes tab of the EMR revealed, Pt continues to not feel well with cold symptoms. Pt has been coughing all day and night. Pt's cough is harsh, and patient is coughing up white phlegm. Pt states he gets SOB [short of breath] at times. Pt is encouraged to stay in his room d/t [due to] his increased coughing. Pt was out to breakfast for coffee. Educated patient but tends to be non-compliant. Review of an 01/18/24 at 6:05 PM Progress Note located in the Progress Notes tab of the EMR revealed, Lab results received. Resident is positive for RSV. Review of an 01/19/24 at 2:32 PM Communication/Visit with Physician Progress Note located in the Progress Notes tab of the EMR revealed a New order for nebs (DuoNeb) 4 times a day for 5 days then PRN [as needed] after that. Review of a signed Physician Order dated 01/25/24 located in the Miscellaneous tab of the EMR revealed, MD2 had handwritten a new order for DuoNeb Solution 3ml Inhale orally via nebulizer every 6 hours (the PRN order was crossed out meaning it was to be given scheduled) for 7 days then PRN. In addition, nursing staff were to document oxygen saturation, pulse and lung sounds pre and post administration and record the total time of the treatment. Review of the January 2024 MAR and TAR did not show this Physician Order had been transcribed as written therefore, the medication was not administered. Review of a Progress Note dated 01/27/24 located in the Progress Notes tab of the EMR revealed, 12:45 AM-Pt observed lying on his back on room floor lying on the side of his bed .I was trying to use the bathroom and I slipped and hit my head in the back .At 12:55 AM, The nurse contacted ems (sic) for ambulance transportation . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Emergency Department Discharge Notes dated 01/27/24 located in the Miscellaneous tab of the EMR revealed R6 had sustained a head injury however, the Cat Scan (CT) was negative. In addition, he had an exacerbation of his COPD and new Physician Orders for DuoNeb was sent with R6 back to the nursing home that morning. Review of the handwritten hospital Physician Orders dated 01/27/24 located in the Miscellaneous tab of the EMR revealed an updated Physician Order for DuoNeb 4 times daily for COPD. Review of the January 2024 MAR and TAR did not show this medication was transcribed as ordered therefore, the medication was not administered. During an interview on 03/28/24 at 7:20 AM, the DON stated, after review of the Physician Orders, that at that time we had an agency nurse on duty and confirmed that, She did not transcribe the DuoNeb orders from the hospital Physician Order sheet when he returned from the hospital after his fall. The DON further stated, If they were not on the MAR then they were not given. During an interview on 03/28/24 at 12:45 PM, MD2 was asked if he felt there was a negative or harmful effect on R6 having not been administered the DuoNeb that were prescribed. MD2 stated, Yes, he needed to have the DuoNeb's administered as ordered, as he was fairly compromised. MD2 was asked what his expectation was regarding following physician orders. He stated, My expectation is that when orders are written they are followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513 Based on interview, record review, and review of facility policy, the facility failed to consistently document bathing/showers and repositioning for one Resident (R) (R1) of three residents reviewed in a total sample of 18, who were dependent or required extensive assistance from staff to complete their activities of daily living (ADLs). This failure placed the resident at risk for a diminished quality of life and unmet care needs. Findings included: Review of the facility's policy titled, Activities of Daily Living (ADLs) dated 02/2023 revealed, .A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Review of the Admission Record located in the Profile tab of the electronic medical record (EMR) revealed, R1 was admitted to the facility on [DATE] with diagnoses that included dementia and anxiety. Review of the annual Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 09/25/23 a Brief Interview of Mental Status (BIMS) score of 10 out of 15 which indicated she was moderately impaired in cognition. The MDS further revealed that R1 required partial assistance for bed mobility, and was dependent on staff for transfers, had no pressure ulcers however, ointments were being applied. Review of the ADL Care Plan dated 01/15/19 located in the Care Plan tab of the EMR revealed, The resident has an ADL self-care performance deficit r/t [related to] increased weakness E/B [exhibited by] needs for assistance with ADLs. Interventions included: Bathing: Resident receives bathing at least 2x [times]/week with the extensive assist of 1 staff. Tuesday AM and Friday AM. Bath aide one day a week from Hospice. Dated: 03/27/19 and revised on 12/21/23. Bed Mobility: .Resident requires x1 staff assist with repositioning side to side. She requires x2 staff assist (sic) with getting in/out of bed or recliner. Resident likes to sleep in recliner per her request d/t [due to] knee/back/discomfort. Dated 09/09/20 and revised on 10/20/21. Review of the Point of Care (POC) Documentation (documentation by the Certified Nurse Aides (CNAs) located in the Task tab of the EMR for September 2023 revealed the following: Bathing/Showers: Of the eight opportunities, R1 received a bed bath one time, a shower one time and refused one time. There were six days that were left blank and showed no documentation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525425	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dove Healthcare - Fennimore	1850 11th St Fennimore, WI 53809

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Bed Mobility (required for each occurrence): Day Shift (6:00 AM to 2:00 PM) R1 was provided repositioning from side to side 17 times with 13 days having showed no documentation of repositioning. Evening Shift (2:00 PM to 10:00 PM) R1 was provided repositioning from side to side 18 times with 12 days having showed no documentation of repositioning. Night Shift (10:00 PM to 6:00 AM) R1 was provided repositioning from side to side 22 times with 10 days having showed no documentation of repositioning. Review of the POC Documentation located in the Task tab of the EMR for October 2023 revealed the following: Bathing/Showers: Of the nine opportunities, R1 received two showers/baths, two were documented as Not Applicable, and five times the documentation was left blank. Bed Mobility: Day Shift: R1 was provided repositioning from side to side nine times with 20 days having shown no documentation of repositioning. Evening Shift: R1 was provided repositioning from side to side 17 times with two times documented. There were 10 days having shown no documentation of repositioning. Night Shift: R1 was provided repositioning from side to side 17 times with three times documented as Not Applicable. And 12 days having shown no documentation of repositioning having occurred. During an interview on 03/27/24 at 9:20 AM, CNA1 was asked about the POC Documentation sheets for September and October 2023. CNA1 stated, It's weird that they are left blank like that. I suppose they weren't done. CNA1 was asked when repositioning a resident, was each time documented that it was performed. CNA1 stated, I imagine so. The computer won't let you chart early and if you're late, it's been timed out. There is a button that we click which states if repositioning was performed yes, no, or refused, but on those sheets it's just blank. During an interview on 03/27/24 at 10:00 AM, the Director of Nursing (DON) was asked about the blanks on the POC Documentation specifically for bathing and repositioning. The DON stated, Yes, I seems (sic) there is (blanks in documentation). I know she refuses a lot (sic), and they will come tell me if there is a refusal. I can't say it wasn't documented. If she refused, it should have been documented. During an interview on 03/27/24 at 10:45 AM, the Administrator was asked what her expectation was regarding documentation by the CNAs. The Administrator stated, I expect them to finish all documentation before they leave for the day. Nurses are to be checking to make sure it is done.