

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51044</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure a physician's order was obtained and a self-administration of medication assessment was completed for 1 Resident (R) (R68) of 7 sampled residents.</p> <p>On 8/26/24, Registered Nurse (RN)-K left medication at R68's bedside for R68 to self-administer. R68 did not have a physician's order or self-administration of medication assessment that indicated R68 could safely and accurately self-administer medication.</p> <p>Findings include:</p> <p>The facility's Resident Self-Administration by Resident policy, dated 1/2023, indicates: Residents who desire to self-administer medications are permitted to do so with a prescriber's order and if the nursing care center's Interdisciplinary Team has determined the practice would be safe, and the medications are appropriate and safe for self-administration.</p> <p>From 8/26/24 to 8/28/24, Surveyor reviewed R68's medical record. R68 was admitted to the facility on [DATE] with diagnoses including non-infective gastroenteritis and colitis. R68's Minimum Data Set (MDS) assessment, dated 8/7/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R68 had intact cognition. R68 was responsible for R68's healthcare decisions.</p> <p>On 8/26/24 at 11:12 AM, Surveyor interviewed R68. During the interview, RN-K entered R68's room and stated RN-K had R68's noon medication. RN-K put the medications on R68's bedside table and instructed R68 to take the medication when R68's lunch tray was delivered. R68 agreed and RN-K exited the room.</p> <p>R68's Medication Administration Record (MAR) indicated R68 was prescribed the following medication:</p> <p>~ Liquid Protein AWC three times a day for poor intake</p> <p>~ Pancrelipase (Lip-Prot-Amyl) oral capsule delayed release particles 24000-76000 units (Pancrelipase (Lipase-Protease-Amylase)) give 7 capsules by mouth with meals for pancreatitis and give 2 capsules by mouth as needed</p> <p>(continued on next page)</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>for pancreatitis. Take when eating any snacks.</p> <p>~ Creon dose should equal 168,000 TID (three times daily) (24,000 capsule x 7). May open capsules and sprinkle</p> <p>in small amount of yogurt or applesauce, pudding, etc.</p> <p>R68's care plan did not indicate R68 was able to self-administer medication and R68 did not have a physician's order to do so.</p> <p>On 8/26/24 at 11:36 AM, Surveyor interviewed RN-K regarding the medication that was left at R68's bedside. RN-K stated it was RN-K's first day working with R68. RN-K stated RN-K assumed R68 had an order to self-administer medication because R68 was cognitively intact. RN-K reviewed R68's physician orders and verified R68 did not have an order to self-administer medication.</p> <p>On 8/27/24 at 1:41 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R68 should have a physician's order to self-administer medication. DON-B stated nurses should observe residents take their medication unless a self-administration of medication assessment is completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>48794</p> <p>Based on staff interview and record review, the facility did not ensure 2 Residents (R) (R223 and R173) of 4 sampled residents signed and received copies of the Notice of Medicare Non-Coverage (NOMNC) form and/or Skilled Nursing Facility Advanced Beneficiary Notice (ABN) form which are used to inform residents of their final day of Medicare Part A insurance coverage, potential liability for payment (daily cost of care and services at the facility), and standard claim appeal rights and instructions.</p> <p>The facility did not provide an ABN form (a document that explains financial liability, including the facility's daily rate for services) to R223 when R223's Medicare benefits ended on 2/25/23 and R223 remained in the facility.</p> <p>The facility did not provide a NOMNC form (used to inform Medicare beneficiaries when their covered services are ending and their appeal rights) to R173 at least two calendar days before R173's Medicare services ended.</p> <p>Findings include:</p> <p>The Centers for Medicare and Medicaid Services (CMS) form CMS-10123 indicates a NOMNC form must be delivered at least two calendar days before Medicare-covered services end or the second to last day of service if care is not being provided daily. Note: The two-day advance requirement is not a 48 hour requirement. The provider must ensure the beneficiary or representative signs and dates the NOMNC form to demonstrate the beneficiary or representative received the notice and understands the termination decision can be disputed.</p> <p>CMS-10055 Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage (ABN) form indicates: The ABN provides information to the beneficiary so the beneficiary can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. The ABN is only issued if the beneficiary intends to continue services and the Skilled Nursing Facility believes the services may not be covered under Medicare.</p> <p>1. From 8/26/24 to 8/28/24, Surveyor reviewed R223's medical record. R223's Medicare Advantage plan ended services with a last covered day of 2/25/23. The facility issued a NOMNC form to R223 with a signature date of 2/23/23. R223 remained in the facility under private pay status. The facility did not provide R223 or R223's representative with an ABN form or provide evidence that R223 or R223's representative were aware of the facility's private pay cost. R223 passed away on 3/30/23.</p> <p>2. From 8/26/24 to 8/28/24, Surveyor reviewed R173 medical record. R173's Medicare Part A coverage ended with a last covered day of 3/14/24. The facility issued a NOMNC form to R173 which R173 signed and dated on 3/13/24. R173 remained in the facility after 3/14/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/27/24 at 9:09 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the facility did not have a signed ABN form for R223 when R223's Medicare services ended and R223 remained in the facility. NHA-A also confirmed the facility did not have evidence to support R223 or R223's representative were updated on the facility's private pay rate.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff and resident interview and record review, the facility did not ensure 3 Residents (R) (R223, R20, and R70) of 3 residents reviewed for hospitalization received a transfer notice that included the date of the transfer, the reason for the transfer, the location of the transfer, appeal rights, and contact information for the State Long-Term Care Ombudsman.</p> <p>R223 was transferred to the hospital on 1/26/23. Neither R223 or R223's emergency contact were provided with a written transfer notice for R223's hospital transfer.</p> <p>R20 was transferred to the hospital on 5/17/24. Neither R20 or R20's emergency contact were provided with a written transfer notice for R20's hospital transfer.</p> <p>R70 was transferred to the hospital on 5/23/24. Neither R70 or R70's emergency contact were provided with a written transfer notice for R70's hospital transfer.</p> <p>Findings include:</p> <p>The facility's Transfer and Discharge policy, with a revision date of 7/15/22, indicates: It is the policy of the facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except as .necessary for the health and safety of the resident .Emergency Transfer/Discharge is initiated by the facility for medical reasons, or for the immediate safety or welfare of the resident, the following is the responsibility of the nurse unless otherwise specified: .b. Notify resident and/or resident representative; .j. Provide transfer notice as soon as practicable to resident and representative.</p> <p>1. From 8/26/24 to 8/28/24, Surveyor reviewed R223's medical record. R223 was admitted to the facility on [DATE] and had diagnoses including chronic diastolic congestive heart failure, unspecified dementia, with unspecified severity without behavioral disturbance, psychotic disturbance, anxiety, and personal history of traumatic brain injury. R223's Minimum Data Set (MDS) assessment, dated 1/18/23, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R223 had intact cognition.</p> <p>R223's medical record indicated R223 had a change in condition on 1/26/23 and was transferred to the hospital. R223 returned to the facility on [DATE]. F223's medical record did not indicate R223 or R223's representative were provided with a written transfer notice.</p> <p>On 8/28/24 at 11:57 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed the facility did not provide a written transfer notice to R223 or R223's representative.</p> <p>2. From 8/26/24 to 8/28/24, Surveyor reviewed R20's medical record. R20 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD), morbid obesity, type 2 diabetes, and acute kidney injury. R20's MDS assessment, dated 8/12/24, had a BIMS score of 15 out of 15 which indicated R20 had intact cognition.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 8/26/24 at 11:51 AM, Surveyor interviewed R20 who stated R20 was hospitalized twice since admission. R20 could not recall if the facility provided R20 or R20's representative with written transfer notices.</p> <p>R20's medical record indicated R20 was hospitalized on [DATE] and 7/31/24. R20's medical record indicated a written transfer notice was provided for R20's 7/31/24 hospital transfer, but did indicate R20 or R20's representative were provided with a written transfer notice for R20's 5/17/24 hospital transfer.</p> <p>On 8/27/24 at 12:30 PM, Surveyor interviewed NHA-A who confirmed the facility did not provide a written transfer notice for R20's 5/17/24 hospital transfer. NHA-A confirmed R20 should have received a written transfer notice.</p> <p>3. From 8/26/24 to 8/28/24, Surveyor reviewed R70's medical record. R70 was admitted to the facility on [DATE] and had diagnoses including displaced intertrochanteric fracture of right femur, hepatic encephalopathy, type 2 diabetes, borderline personality disorder, and acquired absence of right and left leg above the knee. R70's MDS assessment, dated 7/1/24, had a BIMS score of 0 out of 15 which indicated R70 had severe cognitive impairment. R70 had a professional guardian to assist with healthcare decisions.</p> <p>R70's medical record indicated R70 had a change in condition on 5/23/24 and was transferred to the hospital. R70's medical record contained a transfer notice, dated 5/23/24, that was not signed by R70 or R70's guardian.</p> <p>On 8/27/24 at 11:05 AM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B expects staff to ensure transfer notices are signed and dated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff and resident interview and record review, the facility did not ensure 3 Residents (R) (R223, R20, and R70) of 3 residents reviewed for hospitalization received notified of the facility's bed hold policy when transferred to the hospital.</p> <p>R223 was transferred to the hospital on 1/26/23. Neither R223 or R223's emergency contact were provided with a bed hold notification for R223's hospital transfer.</p> <p>R20 was transferred to the hospital on 5/17/24 and 7/31/24. Neither R20 or R20's emergency contact were provided with a bed hold notification for R20's hospital transfers.</p> <p>R70 was transferred to the hospital on 5/23/24. Neither R70 or R70's emergency contact were provided with a bed hold notification for R70's hospital transfer.</p> <p>Findings include:</p> <p>The facility's Transfer and Discharge policy, with a revision date of 7/15/22, indicates: It is the policy of the facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except as .necessary for the health and safety of the resident .Emergency Transfer/Discharge is initiated by the facility for medical reasons, or for the immediate safety or welfare of the resident, the following is the responsibility of the nurse unless otherwise specified: .I Provide a notice of the resident's bed hold policy to the resident and representative at time of transfer, as soon as possible, but no later than 24 hours of the transfer.</p> <p>1. From 8/26/24 to 8/28/24, Surveyor reviewed R223's medical record. R223 was admitted to the facility on [DATE] and had diagnoses including chronic diastolic congestive heart failure, unspecified dementia, with unspecified severity without behavioral disturbance, psychotic disturbance, anxiety, and personal history of traumatic brain injury. R223's Minimum Data Set (MDS) assessment, dated 1/18/23, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R223 had intact cognition.</p> <p>R223's medical record indicated R223 had a change in condition on 1/26/23 and was transferred to the hospital. R223 returned to the facility on [DATE]. F223's medical record did not indicate R223 or R223's representative were provided with a bed hold notification.</p> <p>On 8/28/24 at 11:57 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed the facility did not provide a bed hold notice to either R223 or R223's representative.</p> <p>2. From 8/26/24 to 8/28/24, Surveyor reviewed R20's medical record. R20 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD), morbid obesity, type 2 diabetes, and acute kidney injury. R20's MDS assessment, dated 8/12/24, had a BIMS score of 15 out of 15 which indicated R20 had intact cognition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 8/26/24 at 11:51 AM, Surveyor interviewed R20 who stated R20 was hospitalized twice since admission. R20 could not recall if the facility provided R20 or R20's representative with a bed hold notice for either transfer.</p> <p>R20's medical record indicated R20 was hospitalized on [DATE] and 7/31/24. R20's medical record did not indicate a bed hold notice was issued to R20 or R20's representative for either hospital transfer.</p> <p>On 8/27/24 at 12:30 PM, Surveyor interviewed NHA-A who stated the facility did not provide bed hold notices for R20's 5/17/24 or 7/31/24 hospital transfers. NHA-A confirmed R20 should have been issued a bed hold notice for both transfers.</p> <p>3. From 8/24/24 to 8/28/24, Surveyor reviewed R70's medical record. R70 was admitted to the facility on [DATE] and had diagnoses including displaced intertrochanteric fracture of right femur, hepatic encephalopathy, type 2 diabetes, dementia, borderline personality disorder, and acquired absence of right and left leg above the knee. R70's MDS assessment, dated 7/1/24, had a BIMS score of 0 out of 15 which indicated R70 had severe cognitive impairment. R70 had a professional guardian to assist with healthcare decisions.</p> <p>R70's medical record indicated R70 had a change in condition on 5/23/24 and was transferred to the hospital. R70's medical record contained a bed hold and notice of transfer form, dated 5/23/24, that was incomplete and not signed by R70 or R70's guardian.</p> <p>On 8/27/24 at 11:05 AM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B expects staff to ensure bed hold notices are signed and dated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on staff and resident interview and record review, the facility did not ensure 2 Residents (R) (R64 and R21) of 5 sampled residents received the necessary care and services to prevent and monitor weight loss or gain.</p> <p>Staff did not notify R64's physician of R64's significant weight gain and Registered Dietician (RD)-C's recommended tube feeding changes.</p> <p>Staff did not ensure R21's weight was monitored and did not notify R21's physician of R21's weight changes.</p> <p>Findings include:</p> <p>The facility's Weight Monitoring policy, dated 12/21/22, indicates: The facility will strive to prevent, monitor, and intervene for undesirable weight changes for residents .6. Any weight change of 5 pounds or more since the last weight assessment will be retaken for confirmation .8. The threshold for significant weight change will be based on the following criteria, a. 1 month - 5% weight change is significant; greater than 5% is severe; b. 3 months - 7.5% weight change is significant; greater than 7.5% is severe; c. 6 months - 10% weight change is significant; greater than 10% is severe .10. The nursing staff will notify the individual or responsible party, physician, and Registered Dietician or designee of any individual with an unintended significant weight change.</p> <p>1. From 8/26/24 to 8/28/24, Surveyor reviewed R64's medical record. R64 was admitted to the facility on [DATE] and had diagnoses including athetoid cerebral palsy, epilepsy, and cognitive communication deficit. R64's Minimum Data Set (MDS) assessment, dated 7/8/24, had a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated assessment R64 had severe cognitive impairment. R64's physician orders indicated R64 was nothing by mouth (NPO) and received 100% of daily nutritional intake via gastrostomy tube feeding. R64 had a legal guardian who assisted with all healthcare decisions.</p> <p>Surveyor reviewed R64's weights and noted the following:</p> <p>~ 7/1/24 - 109 pounds</p> <p>~ 7/5/24 - 113.4 pounds</p> <p>~ 7/19/24 - 115.6 pounds</p> <p>~ 8/7/24 - 119 pounds</p> <p>~ 8/16/24 - 118 pounds</p> <p>~ 8/23/24 - 124.2 pounds</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Per the facility's policy, the above weights indicate R64 had a severe weight change of 9.17% from 7/1/24 to 8/7/24; and an overall severe weight change of 13.94% from 7/1/24 to 8/23/24.</p> <p>A progress note, dated 8/13/24 and written by RD-C, acknowledged R64's weight increase of 9.17% and indicated R64's guardian was updated. The progress note contained a recommendation from RD-C to cut back 2 cans of Jevity (tube feeding formula) per day. The progress note indicated R64's guardian would review RD-C's recommendation with R64's community physician and update the facility. R64's medical record did not indicate R64's physician was updated. On 8/23/24, R64 had an additional weight gain of 5.2 pounds with no indication that R64's physician was updated.</p> <p>On 8/27/24 at 1:21 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed R64's physician was not notified of R64's weight changes on 8/7/24, 8/16/24, or 8/23/24. NHA-A stated staff would notify R64's physician immediately. NHA-A confirmed R64's physician should have been updated when R64's significant weight gain was first identified.</p> <p>On 8/28/24 at 9:57 AM, Surveyor interviewed RD-C who confirmed R64's physician was not notified of R64's weight gain or of RD-C's recommendations until 8/27/24 when Surveyor identified the concern.</p> <p>50467</p> <p>2. From 8/26/24 to 8/28/24, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had diagnoses including morbid obesity, mild intermittent asthma, type 2 diabetes, and edema. R21's MDS assessment, dated 6/11/24, had a BIMS score of 13 out of 15 which indicated R21 had intact cognition. R21 had orders for Lasix (a diuretic medication) for edema and daily weight monitoring.</p> <p>R21's nutrition care plan, with a revision date of 6/8/21, contained an intervention to review weights and notify the Medical Doctor (MD) and responsible party of significant weight changes.</p> <p>On 8/26/24 at 9:55 AM, Surveyor interviewed R21 who stated R21 had concerns related to dining and nutrition.</p> <p>R21's medical record indicated R21 had physician orders for daily weight monitoring as of 3/12/23 and was prescribed 60 mg (milligrams) of Lasix in the AM. The daily weights and Lasix were prescribed for edema. R20's Medication Administration Record (MAR) indicated staff should monitor R21 for new symptoms of diuretic use, document in progress notes, and notify the MD.</p> <p>Surveyor reviewed R21's weights from 6/1/24 to 8/26/24 and noted R21 had a total of 17 missed weights on the following days: 8/26, 8/25, 8/23, 8/22, 8/19, 8/16, 8/15, 8/7, 8/4, 7/18, 7/15, 7/7, 7/5, 7/1, 6/21, 6/16, and 6/2.</p> <p>R21's last Nutrition Assessment by RD-C was documented on 6/11/24. R21's physician's last noted weight review was on 5/21/24 which was documented under a Nurse Practitioner routine nursing home visit note.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>A weight summary provided to Surveyor on 8/27/24 indicated R21 had a -7.5% weight change (comparison weight 5/28/24 of 364.0 pounds, 8.2% -30 pounds). R21's medical record did not indicate R21's physician was updated. From 8/27/24 to 8/24/24, R21 had a 10 pound weight gain (334 pounds to 344 pounds). From 8/20/24 to 8/21/24, R21 had a 3 pound weight gain (341 pounds to 344 pounds). From 8/13/24 to 8/17/24, R21 had a 9 pound weight loss (347 pounds to 338 pounds). No re-weights were noted.</p> <p>On 8/28/24 at 12:32 PM, Surveyor interviewed DON-B who confirmed R21 had an order for daily weights and took diuretic medication for edema. DON-B confirmed if R21 had a weight change of 3 pounds in a day or 5 pounds in a week, a re-weight should have been obtained right away. DON-B verified there were no re-weights obtained for R21. DON-B also confirmed RD-C and R21's physician should have been notified of R21's weight changes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on staff and resident interview and record review, the facility did not maintain continuous positive airway pressure (CPAP)/biphasic positive airway pressure (BiPAP) equipment per the facility policy and manufacturer's recommendations for 1 Resident (R) (R21) of 1 sampled resident.</p> <p>R21 had a CPAP/BiPAP machine for obstructive sleep apnea. R21 did not have a cleaning schedule for the machine/equipment or instructions for filling the humidifying chamber.</p> <p>Findings include:</p> <p>The facility's CPAP therapy policy, with a reviewed/revised date of 6/24/24, indicates: Cleaning and Maintenance: .7. Clean and inspect all components regularly .8. Clean CPAP unit as necessary .</p> <p>ResMed (brand of CPAP/BiPAP machine) recommendations for cleaning CPAP/BiPAP machines are as follows: Mask clean daily, cushion clean daily, headgear clean daily or weekly, frame clean daily or weekly, air tubing clean weekly, humidifier chamber clean daily and soak weekly, CPAP machine clean weekly, air filters check weekly for damage. Rinse the mask and hose daily to keep them clean. Cleaning the machine helps prevent mold and bacteria growth, reduces allergens, and keeps the equipment working well.</p> <p>From 8/26/24 to 8/28/24, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had diagnoses including morbid obesity, mild intermittent asthma, type 2 diabetes, and obstructed sleep apnea. R21's Minimum Data Set (MDS) assessment, dated 6/11/24, had a Brief Interview for Mental status (BIMS) score of 13 out of 15 which indicated R21 had intact cognition.</p> <p>On 8/26/24 at 9:55 AM, Surveyor interviewed R21 and noted there was a CPAP/BiPAP machine on R21's nightstand. When Surveyor asked who cleaned the CPAP/BiPAP machine, R21 stated staff cleaned the machine but it had not been cleaned in a month or two.</p> <p>R21's medical record indicated staff should check R21 every 2 hours during the night and document if R21 wore or refused the CPAP/BiPAP machine. R21 had an order for the BiPAP to be set at +15/7 cm (centimeters) every night for obstructive sleep apnea. R21's medical record did not contain a cleaning schedule or instructions for filling the humidifying chamber of the machine.</p> <p>On 8/28/24 at 9:06 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-E who confirmed licensed staff were responsible for cleaning CPAP/BiPAP machines. LPN-E confirmed the cleaning was usually completed on the PM shift. LPN-E stated LPN-E rinsed the humidifying chamber prior to filling it.</p> <p>On 8/28/24 at 9:12 AM, Surveyor interviewed CNA-D who was unsure who cleaned CPAP/BiPAP machines.</p> <p>On 8/28/24 at 9:33 AM, Surveyor observed a gallon of distilled water on the floor in R21's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/28/24 at 12:32 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed nursing staff were responsible for cleaning CPAP/BiPAP machines. DON-B confirmed Registered Nurses (RNs) and LPNs should fill the humidifying chambers nightly. When asked who was responsible for cleaning the machine and equipment, DON-B stated, I am not sure. DON-B also confirmed R21 did not have orders for staff to follow to clean the machine and fill the humidifying chamber.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff interview, and record review, the facility did not ensure all drugs and biologicals were stored and labeled in accordance with the facility's policy. One of 5 medication carts was unlocked and unattended. and 3 of 5 medication carts and 2 of 3 medication storage rooms contained expired medication and medical supplies. In addition, the facility did not ensure an inhaler was labeled in accordance with the manufacturer's recommendations for 1 Resident (R) (R45) of 6 sampled residents observed during medication administration. This practice had the potential to affect more than 4 of the 69 residents residing in the facility.</p> <p>On 8/26/24, a medication cart on the 100 wing was unlocked and unattended.</p> <p>On 8/26/24, medication carts and medication storage rooms contained expired medications and medical supplies.</p> <p>On 8/27/24, staff administered an undated inhaler to R45.</p> <p>Findings include:</p> <p>The facility's Medication Storage policy, dated 1/2024, indicates: Medications and biologicals are stored properly, following manufacturers' or provider pharmacy recommendations, to keep their integrity and to support safe, effective drug administration. The medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medication . Procedures: .3. In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications (such as medication aides) are allowed access to medication carts. Medication rooms, cabinets, and medication supplies should remain locked when not in use or attended to by persons with authorized access .12. Note the date on the label for insulin vials and pens when first used .14. Outdated, contaminated, discontinued, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock</p> <p>The facility's Medication Administration General Guidelines policy, dated 1/2024, indicates: Medication Administration: .8. Check expiration date on package/container. No expired medication will be administered to a resident .b. The nurse shall place a 'date opened' sticker on the mediation if one is not provided by the dispensing pharmacy and enter the date opened. c. Certain products or package types such as multi-dose vials and ophthalmic drops have specified shortened end-of-use dating, once opened, to ensure medication purity and potency .multi-use eye drops and ointments should be disposed of 28 days after initial use.</p> <p>Medication Cart:</p> <p>On 8/26/24 at 9:30 AM, Surveyor observed a medication cart unattended and unlocked in the 100 wing hallway.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/26/24 at 9:31 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-N who stated LPN-N did not normally leave the medication cart unlocked and verified the medication cart should be locked when unattended.</p> <p>On 8/27/24 at 10:44 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed medication carts should be locked when unattended.</p> <p>Expired Medication and Supplies:</p> <p>On 8/27/24 at 11:00 AM, Surveyor observed 3 of 5 medication carts and 2 of 3 medication storage rooms and noted the following:</p> <p>100 Wing Medication Cart:</p> <ul style="list-style-type: none"> ~ A bottle of One Daily supplement with an expiration date of 6/2024. ~ An open and undated bottle of Timolol .5% eye drops for R41. ~ An open and undated bottle of Systane .4% eye drops for R41. ~ An open and undated fluticasone inhaler for R45. ~ An open lispro pen injector dated 7/19/24 for R56. ~ An open and undated Trelegy inhaler for R1. ~ An open and undated fluticasone inhaler for R1. ~ An open and undated bottle of Humulin insulin. ~ An open and undated bottle of saline nasal spray. ~ An open and undated bottle of lactulose solution for R7. ~ An open and undated bottle of Chlorhexide .12% for R33. ~ Six insulin syringes with expiration dates of 1/31/24. <p>On 8/27/24 at 11:20 AM, Surveyor interviewed Medication Tech (MT)-P who verified the above findings.</p> <p>400 Wing Medication Cart:</p> <ul style="list-style-type: none"> ~ An open and undated albuterol inhaler for R5. ~ An open and undated bottle of lactulose. <p>On 8/27/24 at 12:02 PM, Surveyor interviewed LPN-Q who verified the above findings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>500 Wing Medication Cart:</p> <ul style="list-style-type: none"> ~ Four finger lancets and one capped needle for an insulin pen on top of the medication cart. ~ Geri-ZDryl Diphenhydramin HCL 25 mg (milligrams) with an expiration date of 6/2024. ~ An open, unlabeled and undated bottle of glucose tablets. ~ A bottle of Nurses exceptional hand sanitizer with an expiration date of 11/2022. ~ An unlabeled and undated Byegina inhaler. ~ Open bottles Neomycin, Polymyxin, and Dexameth eye drops for R16 dated 6/13/24. ~ An open and undated bottle of Timolol eye drops for R21. ~ An open bottle of Timolol eye drops for R21 dated 6/5/24. ~ An open, unlabeled, and undated bottle of Artificial Tears. ~ An open albuterol inhaler for R14 dated 1/1/24. ~ An open and unlabeled Ventolin HFA inhaler for R39. ~ A bottle of Saw Palmetto with an expiration date of 12/2020. ~ A Binax Now COVID-19 test with an expiration date of 1/23/24. ~ A bottle of iron supplement liquid with an expiration date of 2/2022. ~ An open and undated bottle of Pro Heal liquid protein that expired 60 days after opened per the label. ~ An open and undated DuoNeb for R22. <p>On 8/27/24 at 11:25 AM, Surveyor interviewed LPN-O who verified the above findings.</p> <p>1st Medication Storage Room:</p> <ul style="list-style-type: none"> ~ A box of blood collection needles with an expiration date of 4/30/24. <p>On 8/27/24 at 12:02 PM, Surveyor interviewed LPN-Q who verified the above finding.</p> <p>2nd Medication Storage Room:</p> <ul style="list-style-type: none"> ~ A Biofreeze single pack with an expiration date of 5/2024. ~ Four bottles of vitamin B6 100 mg with expiration dates of 5/2023 (1), 2/2024 (2), and 6/2024 (1) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ A bottle of saline nasal spray with an expiration date of 7/2024.</p> <p>~ A bottle of Nephro vitamin C and B with an expiration date of 1/2024.</p> <p>~ Twenty five .5 cc (cubic centimeter) One Care insulin safety syringes with expiration dates of 1/31/24.</p> <p>~ A wide band male external catheter with an expiration date of 2/28/23.</p> <p>~ An Iprotege non-adherent oil emulsion dressing with an expiration date of 2/2024.</p> <p>~ Two WIC silver 0.4 x 14 ropes with expiration dates of 4/2023.</p> <p>~ Eleven Amsino straight catheters with expiration dates of 11/5/21.</p> <p>~ A povidone iodine swab stick with an expiration date of 10/2023.</p> <p>~ A self catheter 16 French with an expiration date of 9/1/23.</p> <p>~ An open bottle of rubbing alcohol with an expiration date of 1/2020.</p> <p>~ Three sterile field towel/drape kits with expiration dates of 8/2017.</p> <p>~ Nine Natura stomahesive kits with expiration dates of 7/2020.</p> <p>On 8/27/24 at 12:45 PM, Surveyor interviewed LPN-O who verified the above findings.</p> <p>On 8/27/24 at 2:55 PM, Surveyor interviewed DON-B who verified the medication carts and medication storage rooms contained expired medications and supplies. DON-B stated DON-B expects staff to go through the carts and medication storage rooms every few months to check for expired medications and supplies.</p> <p>Medication Without an Open Date:</p> <p>From 8/26/24 to 8/28/24, Surveyor reviewed R45's medical record. R45 was admitted to the facility on [DATE] with diagnoses including diabetes, atrial fibrillation, and coronary artery disease. R45's Minimum Data Set (MDS) assessment, dated 8/14/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R45 had intact cognition. R45 was responsible for R45's healthcare decisions.</p> <p>On 8/27/24 at 8:24 AM, Surveyor observed MT-P administer 2 puffs of a fluticasone 250 mg/50 mcg (microgram) inhaler that did not contain an open date to R45.</p> <p>The fluticasone manufacturer's instructions indicate: Store Flovent Diskus in the unopened foil pouch and only open when ready for use. Safely throw away Flovent Diskus 50 mcg in the trash 6 weeks after you open the foil pouch or when the counter reads 0, whichever comes first. Safely throw away Flovent Diskus 100 mcg and Flovent Diskus 250 mcg in the trash 2 months after you open the foil pouch or when the counter reads 0, whichever comes first.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 - Some	On 8/27/24 at 8:50 AM, Surveyor interviewed MT-P who verified R45's inhaler did not contain an open date. On 8/27/24 at 10:44 AM, Surveyor interviewed DON-B who stated DON-B expects staff to date insulin, eye drops, and inhalers when they open the medications.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on resident and staff interview, the facility did not consistently provide or offer a substantial evening snack to residents. The timeframe from the supper meal to the breakfast meal was greater than 14 hours. This had the potential to affect more than 4 of the 69 residents residing in the facility.</p> <p>A substantial snack was not regularly offered to residents which created a gap of more than 14 hours between the supper and breakfast meals.</p> <p>Findings include:</p> <p>The facility did not provide a snack policy.</p> <p>On 8/26/24 at 9:12 AM, Surveyor began an initial kitchen tour. During the tour, Dietary Manager (DM)-I stated the facility did not have a regular snack cart or snack pass. DM-I stated staff could enter the kitchen and make a sandwich or retrieve what was requested for a snack. DM-I stated the kitchen used to put more snacks in the nourishment room and on the drink carts, but there was an issue with the snacks disappearing. DM-I also stated some residents took snacks and didn't eat them which resulted in snacks piling up in residents' rooms. DM-I stated the approximate meal time for breakfast was 7:45 AM, the approximate meal time for lunch was 11:45 AM, and the approximate meal time for supper was 4:45 PM. DM-I stated the majority of residents chose to eat in their rooms.</p> <p>The facility's survey binder contained a Dining Meal Service Times schedule and location of all dining rooms. The sheet indicated meal service times were as follows:</p> <p>~ 100 wing - breakfast 8:05 AM, lunch 12:05 PM, and dinner 4:30 PM</p> <p>~ 200/300 wing - breakfast 7:55 AM, lunch 11:55 AM, and dinner 4:40 PM</p> <p>~ 400 wing - breakfast 7:45 AM, lunch 11:45 AM, and dinner 4:40 PM</p> <p>~ 500 wing - breakfast 7:45 AM, lunch 11:45 AM, and dinner 4:30 PM</p> <p>~ 600 wing - not listed</p> <p>~ Main dining room - breakfast 8:15 AM, lunch 12:15 PM, and dinner 4:50 PM</p> <p>From 8/26/24 to 8/28/24, Surveyor reviewed R43's medical record. R43 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus. R43's Minimum Data Set (MDS) assessment, dated 7/24/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R43 had intact cognition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>From 8/26/24 to 8/28/24, Surveyor reviewed R50's medical record. R50 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus. R50's MDS assessment, dated 8/15/24, had a BIMS score of 15 out of 15 which indicated R50 had intact cognition.</p> <p>From 8/26/24 to 8/28/24, Surveyor reviewed R58's medical record. R58 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease. R58's MDS assessment, dated 6/2/24, had a BIMS score of 14 out of 15 which indicated R58 had intact cognition.</p> <p>During a Resident Council interview on 8/26/24 at 1:31 PM, the following residents expressed concern regarding snacks:</p> <p>~ R43 stated the facility did not have an evening snack cart or snack pass. R43 stated R43 had diabetes, received 10 units of insulin in the evening, and sometimes R43's blood sugar was low in the evening. R43 stated the Certified Nursing Assistants (CNAs) needed to run to the kitchen and make R43 a sandwich but staff were already busy running around. R43 stated there were refrigerators on the units where sandwiches and snacks could be kept for CNAs to grab.</p> <p>~ R50 confirmed the facility did not have a snack pass. R50 stated the facility used to have sandwiches and boxes of cookies but R50 had not seen those for awhile. R50 stated if R50's blood sugar gets low, R50 wants a cookie or juice. R50 stated R50 goes to the vending machine to get snacks. R50 said R50 can ask for a snack, but staff have to go to the kitchen and find something for R50 to eat. R50 stated there is a refrigerator where snacks can be kept and where the facility used to keep sandwiches and snacks.</p> <p>~ R58 stated R58 purchases snacks and keeps snacks in R58's room but it would be nice if snacks were offered.</p> <p>On 8/26/24 at 3:20 PM, Surveyor interviewed Anonymous Staff (AS)-L who stated the facility did not have a snack cart. AS-L stated AS-L has to go to the kitchen and get residents whatever AS-L can find. AS-L stated AS-L brings in snacks to keep in AS-L's bag and also knows of another staff that brings in snacks so they have something handy to provide residents. AS-L stated there used to be a snack pass but some residents hoarded the snacks. AS-L stated staff were told to offer a snack and if the resident did not want to eat the snack at that moment, staff were told to tell residents they could ask for a snack later. AS-L stated residents now have to ask if they want a snack. AS-L stated there used to be pre-made sandwiches, but not anymore. AS-L stated staff have to break into the kitchen and make sandwiches or find something for residents to eat. AS-L stated AS-L does not have the time to do that and has had to run through the facility to find a snack for a resident with low blood sugar.</p> <p>On 8/26/24 at 3:35 PM, Surveyor interviewed CNA-M who confirmed the facility did not have a snack pass and the kitchen did not supply snacks. CNA-M stated CNA-M had only seen saltine crackers and chocolate cookies available. CNA-M stated there were supposed to be sandwiches in the nourishment room, but often there were no sandwiches. CNA-M stated CNA-M has had to go to the kitchen to see what CNA-M could find. CNA-M stated it's difficult because CNA-M is busy trying to get residents to bed in the evening.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/26/24 at 11:30 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the facility does not have a policy on snack pass but is aware of the regulation that requires no more than 14 hours between meal times. Surveyor informed NHA-A of the resident and staff concern that snacks were not offered unless residents asked. Surveyor also informed NHA-A that because a substantial snack was not offered in the evening, there was a more than 14 hour gap between supper and breakfast. NHA-A acknowledged the gap and verified the facility should be completing a snack pass for residents.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51044</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect more than 4 of the 69 residents residing in the facility.</p> <p>The 300 unit refrigerator was not in a clean condition and contained items that were not labeled or dated and were expired. In addition, the refrigerator temperature log was not completed and items in the nourishment room were not labeled or dated.</p> <p>Milk and juice were not held at a cold temperature during lunch service.</p> <p>Findings include:</p> <p>On [DATE] at 9:00 AM, Surveyor began an initial tour of the kitchen with Dietary Manager (DM)-I who stated the facility followed the Wisconsin (WI) Food Code as its standard of practice.</p> <p>The WI Food Code documents at ,d+[DATE].17 Ready-to-Eat, Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking: (A) Refrigerated, ready-to-eat, potential hazardous food (time/temperature control for safety food) prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature and time combination of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>The Wisconsin Food Code documents at ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils: (C) Non-food-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p> <p>The facility's undated Food: Safe Handling for Foods from Visitors policy indicates: Action Steps: .4. When food items are intended for later consumption, the responsible staff member will: Insure that foods are in a sealed container to prevent cross contamination; Label foods with resident name and the current date. 5. Refrigerator/freezers for storage of foods brought in by visitor will be properly maintained and: Have temperature monitored daily for refrigeration less than 41 degrees and freezer less than 10 degrees; Daily monitoring for refrigerated storage duration and discard of any food items that have been stored for greater than 7 days. (Storage of frozen foods and shelf stable items may be retained for 30 days.); Cleaned weekly.</p> <p>On [DATE] at 9:52 AM, Surveyor observed the 300 wing refrigerator and noted the following:</p> <p>~ The temperature log sheet for the refrigerator/freezer was on top of the refrigerator and was blank.</p> <p>~ The top seal of the refrigerator door contained black grime.</p> <p>~ An open and undated 18 ounce box of [NAME] bran flakes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ An open and undated package of commercially packaged bagels.</p> <p>~ An open and undated 46 ounce container of Sysco Thick-it apple juice.</p> <p>~ An open and undated 46 ounce container of Sysco lemon water.</p> <p>~ An unlabeled and undated Styrofoam cup of chocolate pudding.</p> <p>~ An undated bowl of watermelon covered with plastic wrap and labeled with a room number.</p> <p>~ A bowl of watermelon labeled with a resident's first name and room number with an expiration date of [DATE].</p> <p>~ An unlabeled and undated sour cream container with yogurt and strawberries wrapped in a bread bag and secured with a clothes pin.</p> <p>~ An unlabeled and undated plastic bag of summer sausage.</p> <p>~ String cheese with expiration date of [DATE].</p> <p>~ A plastic wash basin that contained stale bread, an open water bottle, sliced summer sausage that was gray in color, an unopened wet box of [NAME] chicken crackers, and venison sausage that was gray in color There were no dates on the items.</p> <p>~ Six 4 ounce containers of multi-flavor Activia yogurt labeled with a room number and expiration dates of [DATE].</p> <p>~ Ten 4 ounce containers of multi-flavor Activia yogurt labeled with a room number and expiration dates of [DATE].</p> <p>The following items were observed in the 300 wing freezer:</p> <p>~ An unlabeled and undated package of what appeared to be frozen meatballs.</p> <p>~ An unlabeled and undated plastic covered bowl of what appeared to be frozen meat and vegetables.</p> <p>~ An undated package of [NAME] Buddies chicken nuggets labeled 302 cm.</p> <p>The following items were observed in the nourishment room cupboard:</p> <p>~ Six undated plastic covered bowls of cereal not in the original packaging.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 10:02 AM, Surveyor interviewed Director of Nursing (DON)-B who verified the unit refrigerator should be cleaned. DON-B also confirmed all items in the refrigerator should be labeled and dated and expired food should be thrown out. DON-B stated the facility did not have a process to clean the refrigerator or dispose of resident food. DON-B verified the refrigerator/freezer temperature log was blank and indicated a log with refrigerator and freezer temperatures should be attached to the side of the refrigerator and staff should document temperatures daily.</p> <p>43361</p> <p>The Wisconsin State Food Code documents at ,d+[DATE].16 Time/Temperature Control for Safety Food, Hot and Cold Holding: Time/temperature control for safety food shall be maintained: (2) At 41 degrees Fahrenheit (F) or less.</p> <p>On [DATE] at 11:30 AM, Surveyor observed the drink cart for lunch service in the 600 wing hallway. The drink cart contained half-gallon containers of milk and various juices in plastic pitchers. The milk and juices were in a bin of ice but were not submerged in ice.</p> <p>On [DATE] at 12:29 PM, Surveyor observed staff pass lunch trays on the 600 unit. As staff passed each tray, Surveyor observed staff pour milk and juice from the drink cart per resident preference.</p> <p>On [DATE] at 12:33 PM, Surveyor temped the milk after the last meal tray was delivered on the 600 unit. The temperature of the milk was 46.2 degrees F. The temperatures were verified by Certified Nursing Assistant (CNA)-J who passed meal trays. CNA-J verified the drink cart came to the unit before the meal cart and the 600 unit was the last unit to receive meal trays.</p> <p>On [DATE] at 12:35 PM, Surveyor poured a glass of apple juice and temped the juice which was 49.2 degrees F.</p> <p>On [DATE] at 12:39 PM, Surveyor observed staff pass the last resident tray on the 300 unit. Surveyor noted milk and juice were on a utility cart in a bin of ice, but the ice did not cover the milk. Surveyor temped the milk which was 42.7 degrees F and the apple juice which was 43.3. degrees F.</p> <p>On [DATE] at 11:40 AM, Surveyor informed DM-I of the drink temperatures post-service. DM-I stated cold drinks/food should remain under 41 degrees F.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50467</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection. This had the potential to affect more than 4 of the 69 residents residing in the facility.</p> <p>R36 was on enhanced barrier precautions (EBP) due to a permacath. On 8/27/24, staff did not wear personal protective equipment (PPE) during high-contact resident care. In addition, there was not a sign posted near R36's room that indicated R36 was on EBP.</p> <p>On 8/27/24, staff transported unbagged soiled linens in a resident hallway.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions policy, with a revision date of 8/8/24, indicates: Implementation of Enhanced Barrier Precautions: .b. Personal protective equipment for enhanced barrier precautions is only necessary when performing high-contact care activities .High-contact resident care activities include: a. dressing .c. transferring .</p> <p>The facility's contracted service's Handling, Transporting and Storage of Laundry policy, with a revision date of 10/2023 indicates: Contaminated laundry is bagged at the point of collection (i.e., location where it was used).</p> <p>1. On 8/27/24 at 9:07 AM, Surveyor observed Certified Nursing Assistant (CNA)-G assist R36 with getting dressed. Surveyor noted CNA-G was not wearing PPE. Surveyor observed a PPE cart outside R36's door, but did not observe a sign that indicated R36 was on precautions.</p> <p>On 8/27/24 at 9:07 AM, Surveyor interviewed CNA-G who confirmed CNA-G was not wearing PPE. When Surveyor asked why there was a PPE cart outside R36's door, CNA-G stated the cart was for mask storage which staff had to wear due to a recent COVID-19 outbreak.</p> <p>On 8/27/24 at 9:13 AM, Surveyor interviewed Infection Preventionist (IP)-H who confirmed R36 was on EBP due to a permacath and stated staff should wear PPE during high-contact resident cares. IP-H also confirmed there should be a sign posted that indicated R36 was on EBP.</p> <p>On 8/27/24 at 1:27 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed signage should be posted and staff should wear PPE when a resident is on EBP.</p> <p>2. On 8/28/24 at 9:09 AM, Surveyor observed CNA-D transport unbagged soiled linens from a resident's room to the soiled linen room. CNA-D carried the soiled linens with gloved hands.</p> <p>On 8/28/24 at 9:12 AM, Surveyor interviewed CNA-D who confirmed soiled linens should be placed in a bag prior to transporting them through hallways and to the soiled linen room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER River's Bend Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 960 S Rapids Rd Manitowoc, WI 54220	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/28/24 at 12:32 PM, Surveyor interviewed DON-B who confirmed soiled linens should be bagged prior to transportation and stated the facility does not follow the contracted service's policy for transporting linens because it is not the facility's policy. When asked for the facility's policy, DON-B stated the facility did not have a policy.		