STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013818	A. BUILDING: _____ B. WING _____	R 11/11/2025

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TOUCHSTONE OF MAYVILLE	1071 HORICON ST MAYVILLE, WI 53050

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{N 000}	Initial Comments On 11/11/2025, Surveyors conducted a verification visit at Touchstone of Mayville. Three deficiencies were identified. Two of 3 deficiciencies were repeat violations (see Statement of Deficiency (SOD) 3M3K11, SOD I87Y11, SOD I87Y13, SOD I87Y14). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 9	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed individual service plans (ISP) were updated when there was a change of condition. This is a repeat deficiency. See Statement of	N 389		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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Deficiency (SOD) I87Y11, dated 05/24/2022, SOD I87Y13, dated 03/29/2023, and SOD I87Y14, dated 08/03/2023.

Resident 1 required continuous home oxygen (O2) therapy 2 - 2.5 Liters (L) via nasal cannula and his/her ISP did not identify how staff were to monitor Resident 1's oxygen.

Resident 3's verbal, physical, and suicidal behaviors were not identified in his/her ISP and guidelines for staff on how to identify and redirect said behaviors were not identified.

Findings include:

Example 1: Resident 1

On 11/11/2025, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility on 02/10/2025.

Resident 1's ISP, dated 02/25/2025, documented: Resident 1 was to wear continuous oxygen 2 - 2.5 L daily, via portable concentrator machine. The ISP did not provide guidance for staff to determine when Resident 1's oxygen should be lowered or increased.

On 11/11/2025, at approximately 2:50 PM, Surveyor observed Resident 1 wearing continuous oxygen therapy at 2.5 L via nasal cannula. Surveyor interviewed Resident 1 and asked if s/he knew what his/her oxygen level should be set at. Resident 1 stated, "At 2, but sometimes I ask them to bump it up to 2.5."

On 11/11/2025, at approximately 3:15 PM,

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Surveyor interviewed Caregiver E who indicated staff do not monitor or check Resident 1's oxygen levels. Caregiver E stated s/he was never told to document Resident 1's oxygen levels.

Resident 1's "Daily Resident Logs," dated 11/11/2025, did not document that Resident 1's oxygen level had been monitored to determine a rationale as to why his/her oxygen level had been increased to 2.5 L that day.

On 11/11/2025, at approximately 4:00 PM, Surveyor interviewed Administrator C and asked if staff were monitoring Resident 1's oxygen levels. Administrator C stated staff would check Resident 1's oxygen levels at times but Administrator C was unable to indicate how often or when staff were to check Resident 1's oxygen levels. Surveyor asked Administrator C how staff were to know when to put Resident 1's oxygen to 2 or 2.5 L. Administrator C was unable to determine when Resident 1 was to wear 2 or 2.5 L of oxygen and then indicated the provider will contact the MD (medical doctor) for clarification.

"Oxygen is vital to sustaining life. However, breathing oxygen at higher than normal partial pressure leads to hyperoxia and can cause oxygen toxicity or oxygen poisoning." (Source: National Library of Medicine website, Oxygen Toxicity, 2025, https://www.ncbi.nlm.nih.gov/books/NBK430743/ (retrieval date - January 21, 2026).)

Example 2: Resident 3

On 11/11/2025, Surveyors reviewed Resident 3's record.

Resident 3 moved into the facility 06/19/2025 with

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diagnoses including anxiety, major depressive disorder and suicidal ideations.

Resident 3's "Behavior Documentation" stated:
09/12/2025 - Worried about cough syrup, called [his/her] PO [sic: POA (power of attorney)] about it told us we can't have it.
Actions Taken: Use Behavior Modification Strategies
09/26/2025 - Getting ready for bed, locked wheelchair and [s/he] was kinda of impatient for my assistance [s/he] got up on [his/her] own and then missed the bed. Slipped and fell by nightstand. [S/he] didn't hit his/her head.
10/25/2025 - Resident was yelling and throwing a fit about candy. Resident threw a picture frame on the floor during a fit and the glass fell out of the wood (unbroken) cutting residents index finger (right)
Actions Taken: Remove resident from area/situation; Use Behavior Modification Strategies, Call POA to attempt to calm [him/her] down

Resident 3's "Individual Service Plan," dated 06/19/2025, documented:
Diagnosis: Major depressive disorder with single episode, generalized anxiety disorder, history of suicidal behavior
Mental Health: Knock and announce self prior to entering apartment; Approach using a positive/pleasant attitude; Allow resident to participate in cares and exercises as much as possible; Offer encouragement and compliments to promote self-motivation; Psychotropic medications; Report any new or worsening mental health concerns to MD (medical doctor) / RN (registered nurse). To maintain a positive attitude free from depressive symptoms through next ISP review.

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N 389	Continued From page 4 The MAR did not identify behaviors that Resident 3 could exhibit and what guidelines staff should follow. On 11/11/2025, at approximately 3:30 PM, Surveyors interviewed Administrator C. Surveyors reviewed Resident 3's record with Administrator C and Administrator C stated s/he would have the nurse review resident ISPs to ensure they were individualized.	N 389		
{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	{N 431}		

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{N 431}	Continued From page 5 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 3 residents received appropriate health monitoring to meet his/her needs. This is a repeat deficiency. See Statement of Deficiency (SOD) I87Y15, dated 01/10/2024, SOD I87Y16, dated 07/02/2024, and SOD 3M3K11, dated 07/14/2025. Resident 2 experienced high blood sugar (BS) readings and staff did not contact the Medical Doctor (MD) as ordered. Resident 5 experienced constipation and staff did not monitor and/or document Resident 5's bowel movements. Findings include: Example 1: Resident 2 On 11/11/2025, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the facility on 08/08/2025 with diagnosis including diabetes. Resident 5's October 2025 MAR documented: Novolog insulin pen. Inject 5 units in addition to sliding scale subcutaneously three times a day with meals: BS 151-200 = 2 units BS 201-250 = 4 units BS 251-300 = 6 units BS 301-350 = 8 units	{N 431}		

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{N 431}	Continued From page 6 BS 351-400 = 10 units Greater than 400 = update MD Resident 5's Daily Log for October 2025 documented: 10/10/2025 PM shift - Resident 2 came back from the Emergency Room (ER) at 3:30 PM. BS still high, sent back at 7:30 PM. 10/15/2025 PM shift - Resident 2 had a good day. BS was low but got under control. 10/31/2025 PM shift - BS running high. Good night. Surveyor notes, staff did not notify or document Resident 5's MD was notified of high BS reading and ER visit. Resident 2's Blood Sugar Log, dated 09/21/2025 - 11/11/2025, documented: On 9/28/2025, PM shift, BS 482 with 12 units of insulin given. On 10/02/2025, AM shift, BS 400 with 10 units of insulin given. On 10/06/2025, AM shift, BS 452 with 12 units of insulin given. On 10/07/2025, AM shift, BS 436 with 10 units of insulin given. On 10/8/2025, AM shift, BS 421 with 10 units of insulin given. On 10/10/2025, BS high and the space where insulin given is blank. There was no time indicating when this occurred. On 10/10/25, BS 436 with 15 + 5 units given per MD. There was no time indicating when this occurred. On 11/01/2025, at 8:00 AM, BS High with 20 units of insulin given. On 11/04/2025, at 8:00 AM, BS 487 with 15 units of insulin given. On 11/07/2025, at 4:15 PM, BS 400 with 15 units of insulin given.	{N 431}		

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{N 431}	Continued From page 7 On 11/09/2025, at 6:17 AM, BS High with hospitalization noted next to BS entry. On 11/10/2025, at 6:30 AM, BS High with 15 units of insulin given. On 11/11/2025, at approximately 3:30 PM, Surveyor notified Administrator C of concerns with staff not contacting or documenting when they were contacting Resident 2's MD when his/her BS was greater than 400 per MD orders. Administrator C acknowledged these concerns and stated, "We need to do better with our documentation." Example 2: Resident 5 On 11/11/2025, Surveyor reviewed Resident 5's record. On 11/11/2025, at approximately 2:15 PM, Surveyors interviewed Caregiver E and Caregiver F. Surveyors asked if there were any residents in the facility that required bowel movement monitoring. Caregiver E and Caregiver F could not give a definitive answer, stating they were new to the provider. Surveyors reviewed the staff roster which documented Caregiver E was hired 07/27/2025 and Caregiver F was hired 10/26/2025. Resident 5 was admitted to the facility on 07/19/2023. Resident 5's Individual Service Plan (ISP), dated 07/31/2025, documented: Resident 5 required assistance of 1 caregiver for toileting. Facility staff are to report any bowel issues of constipation to MD/Registered Nurse (RN). If no bowel movement for 3-5 days,	{N 431}		

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medication passer will administer as needed (PRN) medications per physician orders.

Resident 5's Daily Log for October 2025 documented:
One medium bowel movement on 10/1/2025
One medium bowel movement on 10/5/2025
Surveyor noted there was no further documentation for Resident 5's bowel movements. Surveyor also noted, staff were not documenting whether Resident 5's bowel movements were formed or loose.

Resident 5's MAR, dated 11/01/2025 to 11/11/2025, documented:
Docusate Sodium with Senna 50-8.6 mg (milligram) tablets - Take 2 tablets by mouth in the afternoon at 2 PM for constipation. Hold for loose stools.
Docusate Sodium 100 mg capsule - Take 1 capsule by mouth twice daily.
The MAR documented all scheduled doses given 11/1/2025 - 11/11/2025.
The MAR did not document any bowel movements.

Surveyor noted staff were not documenting bowel movements which would indicate whether Resident 5 was having loose stools or constipation. Surveyor noted if Resident 5 were to experience episodes of loose stools, this could be an indication of Resident 5 requiring medication changes for bowel management.

On 11/11/2025, at approximately 3:45 PM, Surveyor interviewed Administrator C and asked if staff were monitoring Resident 5's bowel movements. Administrator C stated staff were to document on the Daily Log or the MAR. Surveyor and Administrator C reviewed Resident 5's

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{N 431}	Continued From page 9 documentation and determined that staff had not been documenting on Resident 5's Daily Log or MAR indicating whether Resident 5 had a bowel movement and if a PRN medication had to be administered per physician order. Administrator C acknowledged these concerns and stated, "We need to do better with our documentation."	{N 431}		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator and freezer that were not properly sealed to avoid freezer burn and contamination. The provider did not implement a system to identify when opened	N 452		

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N 452	Continued From page 10 food was to be discarded for the prevention of food borne illnesses. Findings include: On 11/11/2025, at approximately 3:50 PM, Surveyor toured kitchen and observed: Refrigerator: (2) containers with what appeared to be leftover food that was not dated To go container of what appeared to be a noodle-based food that was not dated Package of tortilla wraps made with avocado oil that was not sealed Package of shredded iceberg lettuce that was not sealed A container of cut fruit that was not dated Freezer: A bag of waffles that was not sealed A bag of tater tot potatoes that was not sealed (2) bags of sausage links that were not sealed On 11/11/2025, at approximately 4:00 PM, Surveyor interviewed Administrator C and Assistant Administrator D. Surveyor discussed his/her observations. Surveyor explained that this area of concern had been discussed during the last survey process and the provider was given technical assistance. Administrator C and Assistant Administrator D stated staff would be re-educated on how to properly store food.	N 452		