STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410107	A. BUILDING: _____ B. WING _____	C 08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMME RESIDENTIAL - WITTENBERG	604 WEBB ST WITTENBERG, WI 54499

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 08/21/2025, Surveyor conducted a complaint investigation at Homme Residential of Wittenberg. Additional information was gathered through 08/27/2025. As a result of the investigation, the complaint was substantiated, and 1 deficient practice was identified. Census: 32	N 000		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all Resident 1's care needs were met. Resident 1 did not receive care to meet his/her needs for foot care. Findings include:	Y3244		

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

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Y3244	Continued From page 1 On 06/05/2025, the Department received a complaint alleging residents were not receiving care to meet their needs. On 08/21/2025, Surveyor reviewed Resident 1's records. Resident 1 was admitted to the facility on 03/21/2024 with diagnoses including osteoarthritis, muscle weakness, congestive heart failure, atherosclerotic heart disease, and chronic obstructive pulmonary disease. Resident 1's Individual Service Plan (undated; noted the next care plan meeting would be due on 11/10/2025) noted Resident 1 required a one-assist for activities of daily living. On 08/21/2025 at 12:50 PM, Surveyor interviewed Administrator A and Lead RN B. Lead RN B stated s/he was aware there were concerns from the power of attorney (POA C) regarding Resident 1's foot care. Lead RN B confirmed Resident 1 required an assist of 1 for activities of daily living, including nail care. Lead RN B stated on 06/03/2025, Caregiver D reported to Lead RN B and POA C that Resident 1 was in need of foot care related to overgrown nails. Lead RN B stated this was the first time s/he was notified that Resident 1's toenails were overgrown. Lead RN B stated s/he conducted an assessment and found Resident 1's toenails were "overgrown and thick ... too thick for [caregivers] to cut." Lead RN B stated s/he reviewed Resident 1's "Bath Day Skin Check" forms that were completed by caregivers (unnamed) during Resident 1's weekly bath and noted in the documentation nail cares were marked as completed. Lead RN B stated s/he spoke with the caregivers and stated they told him/her that they had not been able to clip the nails due to the thickness but had been trying to use a file. Lead RN B stated it was clear the filing	Y3244		

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Y3244	Continued From page 2	Y3244		

had not been effective as the nails were overgrown. Lead RN B stated s/he re-educated all caregivers on the importance of accurately documenting cares and alerting management when a resident regularly refuses cares, or the cares provided are not effective. Lead RN B stated had s/he known the nails were overgrown, with the POA's permission, s/he could have signed the resident up for the podiatrist service that comes to the facility every 3 months. Lead RN B stated on 06/04/2025 POA C came to the facility and stated s/he did not want Resident 1 to wait for podiatry, that was scheduled to come within the next 2 weeks, as the POA believed the resident could "not wait that long" so the provider took Resident 1 to the podiatrist on 06/04/2025. Administrator A stated the POA refused to pay for the podiatry visit due to his/her belief that the issue had been caused by the provider not meeting the resident's care needs and confirmed the provider paid for the services.

On 08/21/2025 at 10:28 AM, Surveyor interviewed POA C. POA C stated s/he received a call from the provider on 06/03/2025 stating Resident 1's toenails were "so bad they couldn't clip them ... they let them go for so long that now [Resident 1] was going to require a podiatrist to do it." POA C stated s/he visited on 06/04/2025 and took pictures of Resident 1's toenails. (Photos 1, 2, and 3.) POA C stated that provider offered to have the resident see the podiatrist when they came in the next few weeks and s/he had to advocate for the resident to have the nails taken care of right away. POA C stated his/her frustration that after discovering cares had not met the resident's needs and the nails had been "so overgrown" that the provider would suggest making the resident wait even longer. POA C stated, "I don't know how [Resident 1] would have

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Y3244	Continued From page 3 been able to get shoes on with [his/her] toenails like that ... There's no way it wouldn't have been painful ... No wonder [s/he] hasn't been wanting to walk." POA C stated s/he refused to pay (or allow Resident 1's insurance to be billed) for the podiatrist service on 06/04/2025 due to the visit being required because the provider "neglected" to provide appropriate care to meet the resident's needs. On 08/21/2025, Surveyor reviewed Resident 1's records including a summary from Podiatrist E dated 06/04/2025, "HPI: ... Nails have been neglected for at least a year. Patient has thick painful toenails they cannot manage for themselves at home and asks for assistance ... Examination: DERM: skin is cool dry and thin with trophic changes discoloration and edema are present nails are extremely thickened discolored elongated and painful on compression so elongated they curl over the ends of the toes and touch the skin ... Diagnosis: Onychogryphosis, tinea unguium, pain in left toe(s), pain in right toe(s) ..."	Y3244		