STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015955	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 02/18/2026, Surveyor conducted 2 complaint investigations at The Waterford at Colby. One of the 2 complaints was substantiated. Four deficiencies were identified. One of the 4 deficiencies was a repeat deficiency. See Statement of Deficiency Y0HS11, dated 05/27/2021. Census: 44	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not implement the individual service plan (ISP) for 1 (Resident 1) of 2 resident reviewed. Findings include: On 02/16/2026, the Department received a complaint that alleged staff were not following resident's ISP for communication. On 02/18/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 11/18/2024. S/he had multiple diagnoses including: age related cognitive decline, Parkinson's disease, anxiety, and muscle weakness. Resident 1 did not have a legal	N 388		

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

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representative and was responsible for self.

Resident 1's ISP, signed by Wellness Director (WD) A on 10/30/2025 and Resident 1 on 11/01/2025, read, in part:
"COMMUNICATION
Needs/Details Nonverbal strategies... Frequent and ongoing staff engagement to determine wants/needs... Notes: Yes or no Questions, Uses white board to communicate or Communication bord [sic] with pictures, or notebook. or [sic] needs time to answer longer questions...
FALL RISK
Needs/Details... Provide easy access and visibility to emergency call system... Wireless pendant for emergency call..."

Resident 1's ISP indicated s/he was alert to person, time, place and could follow instructions.

On 02/18/2026 at approximately 11:45 a.m., Surveyor interviewed Caregiver C about the call light system and the delayed egress doors. Caregiver C said when visitors ring the bell for the door it goes to the caregivers' phones just like the call light system. Surveyor observed Caregiver C ask Resident 1 if s/he had his/her call pendant on. Resident 1 shook his/her head no. Caregiver C looked around Resident 1's neck and his/her call pendant was not on. Resident 1 was at the dining room table eating lunch.

On 02/18/2026 from approximately 2:00 p.m. to 2:25 p.m., Surveyor interviewed Resident 1 in his/her room. Surveyor could not locate Resident 1's white board. Surveyor asked Resident 1 where his/her white board was. Resident 1 shrugged his/her shoulders indicating s/he did not know. Surveyor provided notepad to Resident 1 for the interview. Surveyor asked if staff

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communicated with the white board or notepad with him/her. Resident 1 shook his/her head no and replied in writing: "They come and tell me whats going on and leave." Resident 1 was not wearing his/her call pendant. Surveyor asked where his/her call pendant was at. Resident 1 shrugged his/her shoulders indicating s/he did not know. Resident 1 then replied by writing, "Maybe I need a new one."

On 02/18/2026 at approximately 2:30 p.m., Surveyor interviewed Caregiver C and Caregiver E and asked about Resident 1's call pendant. Caregiver E told Surveyor Resident 1 used his/her call light. Surveyor observed Caregiver E go to Resident 1's room and look for the call pendant. Caregiver E had just started working his/her shift. S/he told Surveyor that Resident 1 had his/her call light on Monday (02/16/2026) when s/he worked last. Caregiver C told Surveyor s/he could not find his/her call light earlier that day. Surveyor asked if staff used the white board or a note pad to communicate with Resident 1. Caregiver C told Surveyor they ask Resident 1 yes or no questions. Caregiver C said "you can use paper, but [his/her] handwriting is hard to read."

Surveyor did not have any difficulties reading Resident 1's handwriting.

On 02/18/2026 at approximately 2:45 p.m., Surveyor interviewed Activity Director (AD) B. AD B was also the director for the unit Resident 1 resided on. Surveyor asked about Resident 1's call pendant and what staff were supposed to do if they cannot find it. AD B said Resident 1's call light was usually in his/her room somewhere. S/he said staff should have looked for the call light. AD B told Surveyor s/he used the white

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N 388	Continued From page 3 board or paper to communicate with Resident 1. On 02/18/2026 at approximately 2:50 p.m., Surveyor interviewed Registered Nurse (RN) F on the phone. RN F was Resident 1's managed care organization (MCO) nurse. RN F said s/he was there to visit Resident 1 on 02/11/2026. S/he said they could not locate the white board in Resident 1's room. RN F said Resident 1 was able to make his/her needs known. S/he said Resident 1 had a very soft voice and needed paper or the white board to use for communication. Surveyor asked about Resident 1's call light. RN F said Resident 1 was "pretty good at wearing it." RN F told Surveyor Resident 1 has had falls since s/he was admitted and Resident 1 rang when s/he needed to use the bathroom. RN F told Surveyor that Family Member (FM) G was present during the meeting on 02/11/2026. FM G was listed as Resident 1's emergency contact. On 02/18/2026 at 3:07 p.m., AD B told Surveyor s/he searched Resident 1's room and could not locate Resident 1's call pendant. S/he said WD A was able to get Resident 1 a new call pendant. On 02/18/2026 at 3:15 p.m., Surveyor interviewed FM G on the phone. FM G told Surveyor Resident 1 was declining, but Resident 1 did know what was going on and could use the call light. The provider did not ensure staff were communicating with Resident 1 by allowing time for Resident 1 to use a white board or notepad to express his/her needs/wants. The provider did not ensure Resident 1 had his/her call pendant within reach.	N 388		

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N 389	Continued From page 4	N 389		
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 update the individual service plan (ISP) for 1 of 2 residents reviewed (Resident 1) when s/he had a change in condition. This is a repeat deficiency. See Statement of Deficiency Y0HS11, dated 05/27/2021. Findings include: On 02/16/2025, the Department received a complaint that alleged staff were not offering a resident to use the bathroom. On 02/18/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 11/18/2024. S/he had multiple diagnoses	N 389		

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including: acute respiratory failure with hypoxia (low oxygen), age related cognitive decline, anemia, Parkinson's disease, anxiety, assistance needed for personal care, constipation, and muscle weakness.

Resident 1's ISP, dated 10/30/2025, read, in part: "TOILETING
Needs/Details Full assistance
Incontinence checks during waking hours
Incontinence checks during nighttime hours
Bedside commode
Catheter-indwelling
Adult briefs
Notes: [Hospice] to provide cath (catheter) care and cath changes
Objective/Plan the Care Team supports me maintaining healthy urine and bowel output and proper personal hygiene."

On 12/14/2025, staff documented, in part: "As I was doing these cares, I noticed the reeking smell of BM (bowel movement) ... So I went to lift [his/her] shirt and my hand was covered in it. I washed my hands, lifted [him/her] in bed, and started to change [him/her] for bed. [S/he] had BM all the way down [his/her] leg and into [his/her] shoes, up [his/her] back ... and seeping out of [his/her] depends [sic] ... I noticed the outside pieces were crusty, so [s/he] had to have been sitting in it for a while ...[his/her] buttocks were very raw, red, and bleeding ..."

On 12/30/2025, Wellness Director (WD) A documented: "Hospice Removed [sic] residents [sic] cath on 12/29/2025.

On 02/18/2026 at approximately 2:45 p.m., Surveyor interviewed Activity Director (AD) B who was also the director for the unit Resident 1

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resided on. Surveyor asked if Resident 1's toileting schedule changed after his/her catheter was removed. AD B told Surveyor Resident 1's toileting schedule was not changed after the catheter removal. AD B said Resident 1 would ring his/her call pendant and s/he was generally wet when staff go to change him/her. AD B said Resident 1 was always incontinent of bowel. Surveyor asked if staff ever assisted Resident 1 to use the bedside commode. AD B said s/he was not sure if Resident 1 ever used the commode.

On 02/18/2026 at 2:50 p.m., Surveyor interviewed Registered Nurse (RN) F on the phone. RN F was Resident 1's managed care organization (MCO) nurse. RN F told Surveyor Resident 1 had falls with fractures to both of his/her legs over a year ago and s/he had a urinary catheter placed at that time. RN F said Resident 1 was continent before catheter placement. RN F said they had a meeting with Resident 1 on 02/11/2026. S/he said s/he asked Resident 1 if s/he could tell when s/he needed to go to the bathroom. RN F said Resident 1 nodded his/her head yes to indicate s/he could tell when s/he needed to use the bathroom.

On 02/18/2026 at 3:10 p.m., Surveyor interviewed RN H on the phone. RN H was Resident 1's hospice nurse. RN H said when s/he removed Resident 1's catheter, s/he spoke to staff that were working and asked them to put Resident 1 on a toileting schedule. RN H said s/he did not think staff were putting Resident 1 on the toilet at all for bowel movements while Resident 1 had the urinary catheter. RN H told Surveyor it was a dignity issue to put residents on the toilet even if they were incontinent.

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N 389	Continued From page 7 On 02/18/2026 at 3:15 p.m., Surveyor interviewed Family Member (FM) G on the phone. FM G said s/he was present at Resident 1's MCO meeting on 02/11/2026. FM G said they asked Resident 1 if staff took him/her to the bathroom and Resident 1 shook his/her head no. FM G said, "I don't know why they're not taking [him/her] to the bathroom." FM G said when Resident 1 was at a rehabilitation facility, s/he would use the bed pan. FM G said prior to Resident 1's catheter, s/he would call for help if s/he needed help to use the bathroom. FM G told Surveyor s/he did not think staff were putting Resident 1 on the toilet to have a bowel movement when s/he had the catheter. FM G told Surveyor, "[S/he] is declining, but [s/he] does know what is going on." FM G told Surveyor it was "very frustrating." On 02/18/2026 at 3:24 p.m., Surveyor interviewed Caregiver E. Surveyor asked if staff put Resident 1 on the toilet or commode. Caregiver E told Surveyor they did not. Caregiver E said Resident 1 was a check-and-change every 2 hours. On 02/18/2026 at 3:25 p.m., Surveyor interviewed Caregiver D. Surveyor asked if staff put Resident 1 on the toilet or commode. Caregiver D told Surveyor they did not. Caregiver D said Resident 1 would ring when s/he was wet and staff changed him/her. The provider did not update Resident 1's ISP when s/he had an indwelling catheter removed. Resident 1's ISP was not revised to identify Resident 1's toileting needs and did not include services, frequency, and approaches staff were to provide to meet Resident 1's toileting needs.	N 389		

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Y3229	Continued From page 8	Y3229		
Y3229	50.09(1)(a)1. Mail (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: (a) Private and unrestricted communications with the resident's family, physician, attorney and any other person, unless medically contraindicated as documented by the resident's physician in the resident's medical record, except that communications with public officials or with the resident's attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to: 1. Receive, send and mail sealed, unopened correspondence, and no residents incoming or outgoing correspondence shall be opened, delayed, held or censored. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 residents reviewed (Resident 1) received all of his/her incoming mail without delay. Findings include: On 02/16/2026, the Department received a	Y3229		

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complaint with multiple allegations including concerns about a resident receiving their mail.

On 02/18/2026, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility on 11/18/2024. S/he had multiple diagnoses including age related cognitive decline. Resident 1 did not have a legal representative and was responsible for making his/her own decisions.

Resident 1's individual service plan (ISP), dated 10/30/2025, indicated Resident 1 was alert to person, place, and time. The ISP indicated Resident 1 could follow instructions. The ISP was signed by Resident 1 and Wellness Director (WD) A.

On 02/18/2026 at 2:50 p.m., Surveyor interviewed Resident 1's managed care organization (MCO) nurse, Registered Nurse (RN) F. RN F told Surveyor the provider requested Resident 1's mail to go to Family Member (FM) G. FM G was listed as Resident 1's primary contact for emergencies.

On 02/18/2026 at 3:15 p.m., Surveyor interviewed FM G on the phone. FM G told Surveyor staff were going into Resident 1's room and cleaning things out while Resident 1 was not in his/her room. FM G said s/he found Resident 1's mail in the garbage. FM G said one of the items was a letter from the state. S/he was concerned that something could have been missed like a renewal or payment.

On 02/18/2026 at approximately 3:30 p.m., Surveyor interviewed Activity Director (AD) B. AD B was also the director for the unit Resident 1

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Y3229	Continued From page 10 resided on. AD B told Surveyor Resident 1 received a lot of mail and s/he had the mail at his/her desk. AD B told Surveyor s/he asked FM G what FM G wants him/her to do with Resident 1's mail, and s/he has been waiting for FM G to get back to him/her. Surveyor asked why s/he did not ask Resident 1 what s/he wants done with his/her mail. AD B told Surveyor Resident 1's power of attorney was activated. Surveyor showed AD B Resident 1's record which did not indicate his/her power of attorney was activated. AD B said s/he would clarify with WD A. At approximately 3:35 p.m., Surveyor observed AD B carrying a stack of mail. AD B told Surveyor, Resident 1's power of attorney was not activated, and s/he was bringing Resident 1 his/her mail. The provider did not ensure Resident 1 received all incoming mail without delay.	Y3229		
Y3241	50.09(1)(i) Personal Possessions (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: (i) Retain and use personal clothing and effects and to retain, as space permits, other personal possessions in a reasonably secure manner This Rule is not met as evidenced by: Based on interviews, the provider did not ensure Resident 1's right to retain his/her personal	Y3241		

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possessions was respected and honored.

Staff removed Resident 1's personal items from his/her room without Resident 1's consent.

Findings include:

On 02/16/2026, the Department received a complaint with multiple allegations including concerns about staff removing items from a resident's room.

On 02/18/2026, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility on 11/18/2024. S/he had multiple diagnoses including age related cognitive decline. Resident 1 did not have a legal representative and was responsible for making his/her own decisions.

Resident 1's individual service plan (ISP), dated 10/30/2025, indicated Resident 1 was alert to person, place, and time. The ISP indicated Resident 1 could follow instructions. The ISP was signed by Resident 1 and Wellness Director (WD) A.

On 02/18/2026 from approximately 2:00 p.m. to 2:25 p.m., Surveyor interviewed Resident 1 in his/her room. Surveyor asked if Resident 1 was missing anything from his/her room. Resident 1 nodded his/her head to indicate s/he did have missing items.

On 02/18/2026 at 3:15 p.m., Surveyor interviewed FM G on the phone. FM G told Surveyor staff were going into Resident 1's room and cleaning things out while Resident 1 was not in his/her room. FM G said staff take things out of Resident

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1's room. FM G explained when s/he came to visit Resident 1 staff would give him/her belongings of Resident 1 to take home. FM G said the last time they removed items it was sheets and clothing. FM G said the director told staff to go into Resident 1's room and take stuff out because Resident 1 had too many belongings. FM G said s/he was told s/he could not bring Resident 1 anymore items without approval. FM G told Surveyor Resident 1's life enjoyment was to craft. FM G said s/he understood Resident 1 did have a lot of items, but s/he has brought different storage bins to keep Resident 1's room organized.

On 02/18/2026 at approximately 3:25 p.m., Surveyor interviewed Caregiver D. Caregiver D told Surveyor s/he did go into Resident 1's room when Resident 1 was not in his/her room to remove items. S/he said s/he boxed them up and placed them in the storage room.

On 02/18/2026 at approximately 3:30 p.m., Surveyor interviewed Activity Director (AD) B. AD B was also the director for the unit Resident 1 resided on. Surveyor asked if staff went into Resident 1's room and removed Resident 1's possessions. AD B told Surveyor staff did go into Resident 1's room and removed items. Surveyor asked if Resident 1 was present when staff did this. AD B told Surveyor, "Not all the time." S/he said Resident 1 will say s/he still uses everything, if they ask him/her. AD B said Resident 1 gets his/her beads on the floor and the Hoyer gets stuck on them. S/he said beads had gone into the facility's dryer and burned the dryer out. AD B said there's not enough room in Resident 1's room, s/he has too much stuff. Surveyor asked what staff did with the stuff removed from Resident 1's room. AD B said staff box it up and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015955	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT COLBY (THE)	**1110 N DIVISION ST COLBY, WI 54421**

(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
Y3241	Continued From page 13 s/he gives the items to FM G when FM G visits. The provider did not ensure Resident 1's right to personal possessions was respected and honored.	Y3241		