

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER North Central Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 Marshall Street, Ste A Wausau, WI 54403	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interview and record review, the facility did not conduct a thorough investigation of resident (R) R1's missing money of \$115.00 as reported by R1 on 02/13/26. The facility did not interview other residents on unit to ensure no other concerns, risks or trends were identified. The facility policy titled: Nursing Home Abuse, Neglect, Misappropriation, Exploitation, Resident to Resident Altercations, Injury of Unknown Origin, and Caregiver Misconduct, last reviewed on 08/07/25, states in part: 4.3. Prevention and Monitoring: Monitoring will include the identification of any department, caregiver, and/or resident trends. On 01/07/2026, R1 was admitted to facility for orthopedic aftercare. R1's admission Minimum Data Set (MDS) indicated R1 had a Brief Interview for Mental Status (BIMS) score of 14/15 (cognitively intact). On 02/13/26 at approximately 5:30 PM, R1 reported \$115.00 was missing from wallet to facility licensed nurse. R1 indicated last time saw the \$115.00 was a week prior. The facility immediately reported and initiated an investigation and reported to police department. A thorough search of R1's room was conducted and staff who worked unit between 02/06/26 and 02/13/26 were interviewed. Money was not found. On 03/17/26, Surveyor reviewed the facility's investigation into R1's missing \$115.00 and noted the facility did not interview other residents on the unit to ensure additional missing money/property, concerns, risks or trends were identified during the time period. On 03/17/26 at 9:18 AM, Surveyor interviewed R1 regarding missing money. R1 indicated that facility was unable to locate money, but facility did put a lock on bedside drawer if needed. On 03/17/26, Surveyor interviewed R2, R3, and R4 regarding missing money or property with no concerns identified. On 03/17/26, Surveyor observed R2, R3, and R4's bedside drawers with installed locks. On 03/17/26 at 10:51 A.M, Surveyor interviewed Nursing Home Administrator (NHA) A and Social Services (SS) B regarding investigation of R1's missing money and if interviews were conducted with other residents on the unit for potential missing money/property during same time period. NHA A and SS B indicated that residents were not interviewed specifically on this investigation.

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
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