

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2025
NAME OF PROVIDER OR SUPPLIER  North Shore Healthcare at Marshfield		STREET ADDRESS, CITY, STATE, ZIP CODE  814 W 14th St Marshfield, WI 54449	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interview and record review, the facility did not implement written policies and procedures that prohibit and prevent abuse for 1 (Registered Nurse (RN)-C) of 8 facility and contracted staff reviewed for caregiver background checks.</p> <p>The facility did not ensure a thorough caregiver background check was completed for RN-C.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation policy, revised [DATE], indicates: Potential employees will be screened for history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Background checks, including re-checks, will be completed consistent with applicable state laws and regulation .</p> <p>On [DATE], Surveyor requested background check information for a random sample of eight facility and contracted staff.</p> <p>On [DATE] at 1:00 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Business Office Assistant (BOA)-D when the above requested documents were provided. NHA-A indicated NHA-A wanted to point out our mistake. NHA-A indicated Certified Nursing Assistant (CNA)-E's background check was expired which was discovered when BOA-D completed an audit on [DATE]. NHA-A indicated CNA-E was aware a new background check was needed before CNA-E could work again. NHA-A indicated CNA-E worked the night shift on [DATE] when another CNA asked CNA-E to cover the shift which was not the facility's usual practice. NHA-A indicated CNA-E's employment ended after the facility made attempts to have CNA-E complete the required background check information. NHA-A indicated the facility's process was changed to suspend any employee who has not completed required background check information timely.</p> <p>Surveyor reviewed the requested background check information for the eight facility and contracted staff, including RN-C. RN-C's hire date was listed as [DATE]. RN-C's Background Information Disclosure (BID) form, dated [DATE], indicated RN-C resided in South Carolina from 2014 to 2022. The documents provided did not indicate an out of state background check was completed.</p> <p>On [DATE], Surveyor reviewed an audit document, dated [DATE], that indicated no in a column titled Resided Outside Wisconsin in last 3 years for RN-C.</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
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F 0607  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On [DATE] at 1:25 PM, Surveyor interviewed BOA-D who indicated BOA-D should have completed a South Carolina background check for RN-C before RN-C's hire date of [DATE]. BOA-D verified the error was also missed during the audit completed on [DATE].		