STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525304	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Shore Healthcare at Marshfield	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure proper documentation and communication for discharge was provided for 1 resident (R) (R72) of 4 sampled residents. The facility did not provide sufficient written documentation to ensure a safe and orderly discharge from the facility for R72. Findings include: The facility's Transfer and Discharge (including Against Medical Advice (AMA)) policy, revised 7/15/22, indicates: .The care and services provided to each resident is dependent on the individual resident and circumstances present at the time .6. Non-emergency transfers or discharges initiated by the facility, return not anticipated: a. Document the reason for the transfer or discharge in the resident's medical record. In the case of necessity for the resident's welfare and if the resident's needs cannot be met in the facility, document the specific resident needs that cannot be met, the facility's attempts to meet the needs, and the service available at the receiving facility to meet the needs. Document any danger to the health or safety of the resident or other individuals that failure to transfer or discharge would pose .b. At least 30 days before the resident is transferred or discharged , the Social Services Director or designee will notify the residentand the resident's representative in writing in a language and manner they understand .c .Contents of the notice must include: i. The reason for transfer or discharge; ii. The effective date of transfer or discharge; iii. The location to which the resident is transferred or discharged ; iv. A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; and v .The name, address (mailing and email) and telephone number of the Office of the State Long Term Care Ombudsman .g. Orientation for transfer or discharge must be provided and documented to ensure safe and orderly transfer or discharge from the facility in a form and manner that the resident can understand. Depending on the circumstances, this orientation may be provided by various members of the Interdisciplinary Team . R72 was admitted to the facility on [DATE] and discharged from the facility on 2/7/26. R72 had diagnoses including schizophrenia, diabetes, carcinoma of the scalp, and obesity. R72's Minimum Data Set (MDS) assessment, dated 1/26/26, stated R72 had a Brief Interview for Mental Status (BIMS) score of 10 out of 15, indicating moderately impaired cognition. R72 had an court-appointed Guardian who assisted with healthcare decisions. A Nurse Practitioner (NP) note, dated 2/3/26, indicated: Date of discharge: [DATE]. Ambulatory distance/assistive devices needed: No new ambulatory equipment needed. Ambulating functional distances with a 2-wheeled walker. Diet: Regular. Follow-up issues to address: Please follow-up hygiene at home, assess home safety. (R72) has some new areas on the right side of the scalp which appear as scaly patches or new growths .Will attempt to wash hair tonight and tomorrow with a shower cap and see if they come off. Please closely follow-up any home needs, including signs of neglect, abuse, etc. Coordinate with home health services. Review with Adult Protective Services (APS) if any issues are noted. (Of note: R72's medical record did not contain a discharge plan.)On 6/4/26 at 11:20 AM, Surveyor interviewed Social Service Director (SSD)-K who spoke to R72's Guardian the week prior to discharge and stated the (continued on next page)

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	plan was for R72 to go to their friend's home. SSD-K verified they did not document the conversation with the Guardian in R72's medical record. SSD-K verified R72's medical needs and a discharge plan were not discussed with the Guardian again. SSD-K indicated a referral for homecare was made prior to R72's discharge, however, the facility did not complete a home evaluation for safety. SSD-K was unsure if it was the facility's or the home care provider's responsibility to complete a home evaluation. SSD-K was not aware of any follow-up for safety, neglect, abuse, or home conditions for R72. SSD-K indicated there was no contact with APS other than a referral sent by SSD-K on 2/9/26 and an email received from APS on 2/13/26. SSD-K tried to contact APS a couple times after 2/13/26 via phone.On 2/4/26 at 11:45 AM, Surveyor interviewed Director of Nursing (DON)-B who stated R72 discharged home with home health services. DON-B stated an APS referral was made due to potentially unsafe living arrangements, however, DON-B had no further knowledge of the referral. DON-B indicated therapy staff complete home evaluations which are processed with SSD-K. DON-B verified R72 did not have a discharge plan in place at the time of discharge.On 2/4/26 at 12:00 PM, Surveyor interviewed Director of Rehab (DOR)-L who reviewed R72's physical therapy (PT) notes which indicated R72 received therapy services from 1/20/26 to 2/6/26. R72's PT discharge summary, completed on 2/6/26, did not contain a referral for a home evaluation. DOR-L verified a PT note, dated 2/6/26, expressed concerns over home cleanliness and safety. DOR-L indicated therapy staff should have addressed the concerns with SSD-K and offered a home evaluation.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure Protective Placement Services (PPS) received notification of discharge for 1 resident (R) (R72) of 4 sampled residents. R72 was protectively placed in the facility and had a court-appointed Guardian. The facility failed to obtain written consent from the Guardian prior to R72's discharge. Findings include: The facility's Transfer and Discharge (including Against Medical Advice (AMA)) policy, revised 7/15/22, indicates: The care and services provided to each resident is dependent on the individual resident and circumstances present at the time .6. Non-emergency transfers or discharges initiated by the facility, return not anticipated: a. Document the reason for the .discharge in the resident's medical record .b. At least 30 days before the resident is transferred or discharged , the Social Services Director or designee will notify the resident and the resident's representative in writing in a language and manner they understand .c. Contents of the notice must include: i. The reason for the discharge; ii. The effective date of the discharge; iii. The location to which the resident is discharged ; .g. Orientation for discharge must be provided and documented to ensure a safe and orderly discharge from the facility, in a form and manner that the resident can understand .R72 was admitted to the facility on [DATE] and discharged home on 2/7/26. R72 had diagnoses including schizophrenia, diabetes, carcinoma of the scalp, and obesity. R72's Minimum Data Set (MDS) assessment, dated 1/26/26, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15, indicating moderately impaired cognition. R72 had an court-appointed Guardian who assisted with healthcare decisions. A Hospital admission summary, dated [DATE], indicated R72 was hospitalized due to being found at home with bedbugs and maggots in a cancer wound. During the hospitalization, a cognitive evaluation revealed R72 did not have decision-making capacity. A neuropsychology evaluation on 10/9/25 and re-evaluation on 11/20/25 confirmed R72's inability to make decisions and a Guardianship process was completed. R72 was transferred under Guardianship and protectively placed in the facility on 1/20/26.On 6/4/26 at 11:20 PM, Surveyor interviewed Social Services Director (SSD)-K who verified the facility discharged R72 on 2/7/26 without notifying the court prior to discharge. SSD-K indicated Adult Protective Services (APS) was notified of the discharge on [DATE] which was two days after R72 discharged . SSD-K received an email from APS on 2/13/26 regarding the discharge. SSD-K tried to contact APS twice but was unable to reach them. SSD-K verified the facility did not receive written consent from R72's Guardian prior to the discharge.On 6/4/26 at 2:41 PM, Surveyor interviewed Adult Protective Services Manager (APSM)-N who became aware of R72's discharge when SSD-K sent an email on 2/9/26 informing APSM-N of the facility's concerns with the home where R72 was discharged . APSM-N emailed back and asked why APS wasn't notified before the discharge and why a 10-day discharge wasn't initiated if the facility had concerns. APSM-N stated they needed more information on why R72 was able to go home.On 6/4/26 at 2:00 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified the facility should have received written consent from R72's Guardian and should have notified the court of a 10-day discharge prior to R72's discharge. NHA-A indicated staff needed reeducation on the facility's discharge process.