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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/16/2024 |
| NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098 | |
| 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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49434</p> <p>Based on observation, interview, and record review, the facility did not ensure that all residents are clinically appropriate to self-administer medications for 1 of 1 (R1) resident observed for self-administration of medications out of a total sample of 3 residents.</p> <p>R1 was observed to have medications at her bedside and had not been assessed to self-administer medications.</p> <p>Evidenced by:</p> <p>The facility policy entitled, Resident Self Administration of Medication, dated 3/1/23, states in part, Policy Explanation and Compliance Guidelines: 1. Each resident has the opportunity to self-administer medications during the routine assessment. 2. Resident's preference will be documented on the appropriate form and placed in the medical record. 3. When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team should at a minimum consider the following: a. The medications appropriate and safer for self-administration . d. The resident's capability to follow directions . g. The resident's ability to ensure that medication is stored safely and securely.</p> <p>R1 was admitted to the facility on [DATE] with diagnoses including encephalopathy, major depressive disorder, generalized anxiety disorder, insomnia, alcohol abuse-uncomplicated, adjustment disorder with mixed anxiety and depressed mood, hypotension due to drugs, suicidal ideations, poisoning by unspecified drugs, medications, and biological substances-intentional self-harm- subsequent encounter.</p> <p>R1's most recent Minimum Data Set (MDS) dated [DATE], states that R1 has a Brief Interview of Mental Status (BIMS) of 13 out of 15, indicating that R1 is cognitively intact. The MDS also indicates she does not refuse cares and according to section GG, is dependent on staff for toileting, shower/bathing, lower body dressing, taking on/off footwear, and personal hygiene. Section GG also indicates that the resident is dependent on staff for all mobility including rolling left and right, sit to lying, lying to sitting, sit to stand, and chair to bed transfers.</p> <p>Of note: Due to resident's immobility indicated on R1's MDS, she would not be able to reposition herself into a proper elevated position to safely consume medications.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R1's Hospital Discharge Summary, dated 6/6/24, indicates discharge diagnoses including in part: intentional overdose with prescription medications (potassium supplement/amlodipine), shock d/t (due to) (overdose of amlodipine), and acute renal failure (acute kidney failure). The hospital discharge recommendations include, in part: stop taking: .amlodipine, ibuprofen, potassium chloride .</p> <p>R1's Physician Orders include, in part: Amlodipine Besylate Oral Tablet 5 MG (Amlodipine Besylate) Give 5 mg by mouth one time a day for Hypertension with a start date of 7/1/24 . Potassium Oral Tablet (Potassium) Give 20 mEq by mouth one time a day for Hypokalemia. Take with food. Start date: 7/3/24 .</p> <p>It is important to note that no Self-Administration of Medication assessment exists for R1.</p> <p>Surveyor reviewed R1's physician's orders. R1 does not have an order to self-administer medications.</p> <p>R1's Comprehensive Care Plan includes, in part:</p> <p>Focus: I am at risk for alteration in psychosocial well-being r/t (related to) Suicidal ideations, Recent Intentional Overdose[sic] of Potassium and Amlodipine, Adjustment disorder, Alcohol abuse .</p> <p>Interventions/Tasks: Educate my family/friends and I on visitation restrictions and provide reassurance that the facility is taking precautions for health and safety of me and my fellow residents. Encourage and assist me with alternative means of communication with friends, family, and community as able . Encourage me to openly express my feelings. Observe for and report any changes in my mental status to nursing and/or social services. Provide me with activities I can do alone . Provide me with audio recordings, video recordings and/or written material to meet my spiritual needs. Refer to social services PRN (as needed) for additional emotional support. Update me regularly to help put my mind at ease.</p> <p>Of note: No interventions or tasks indicate safety precautions for self-administration of medications.</p> <p>R1's Kardex, which includes key patient information for specifics of care for each resident, states in part: Behavior: Monitor for suicidal ideations and report to MD (Medical Doctor), DON (Director of Nursing), and social work if observed. Observed for any changes in my mental status to nursing and/or social services.</p> <p>Of note: No interventions are included in the section labeled Safety to indicate R1's ability to self-administer medications.</p> <p>On 7/16/24 at 11:07 AM, Surveyor interviewed R1. Surveyor observed at the start of the interview that R1 had two pills sitting in a small, clear medication cup - 1 long white pill and 1 round orange pill. Over the course of the interview, no staff members entered the room. After asking other questions, Surveyor asked R1 if she knew what medications were in the cup. R1 states potassium and her multivitamin were in the cup, and that she asks staff to leave them for her because she likes to eat before she takes these supplements.</p> <p>(continued on next page)</p> | | |

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| <p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 7/16/24 at 11:16 AM, Surveyor noted the pills were still in the resident's medication cup and no staff member had entered the room since beginning the interview. Upon leaving R1's room, Surveyor observed the medication cart at the end of the hallway, next to the nurses' station.</p> <p>On 7/16/24 at 2:37 PM, Surveyor interviewed CNA F (Certified Nursing Assistant). Surveyor asked CNA F if R1 ever refuses cares. CNA F states she sometimes will refuse cares but is mostly pleasant. Surveyor asked CNA F where she would find information on how to keep the resident safe. CNA F states she would look at the Kardex to find safety information and behavior monitoring. Surveyor asked CNA F if she has ever seen medications left at R1's bedside. CNA F states she doesn't always work down there, but almost every time she works R1's hallway, she will have medications left at her bedside.</p> <p>On 7/16/24 at 2:40 PM, Surveyor interviewed LPN H (Licensed Practical Nurse). Surveyor asked LPN H if R1 exhibits any behaviors. LPN H states that R1 can be non-compliant and passive aggressive. Surveyor asked LPN H if staff were able to leave medications at R1's bedside. LPN H states that R1 is capable, but that LPN H could not trust that R1 would take them. Surveyor asked LPN H if she was aware of R1's medical history. LPN H states that R1 was admitted for an overdose of potassium and amlodipine so that alone is enough to not leave medications at bedside. Surveyor asked LPN H if the facility conducts self-administration of medication assessments. LPN H states that the facility does these assessments and that she has completed one recently on a different resident. LPN H also states to Surveyor that R1 should not qualify for self-administration of medication. Surveyor asked LPN H if she was aware of R1 making any self-harm statements. LPN H states that she is not.</p> <p>On 7/16/24 at 2:46 PM, Surveyor interviewed CNA G. Surveyor asked CNA G if R1 ever refuses cares. CNA G states that she does not refuse cares, she just has preferences such as a bed bath over a shower. Surveyor asked CNA G where she would look for information on how to keep residents safe. CNA G states she would look at the Kardex. Surveyor asked CNA G if she has ever seen medications at R1's bedside. CNA G states that sometimes R1 will have medications left at R1's bedside to take later.</p> <p>On 7/16/24 at 3:27 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what behaviors, if any, are being monitored for R1. DON B states, R1 is being monitored for suicidal ideation, depression, anxiety, and concerns with R1 and her roommate not getting along. Surveyor asked DON B if R1 has exhibited any of these behaviors. DON B states, not that she is aware of at this time. Surveyor asked DON B if the facility conducts self-administration of medication assessments. DON B states that the facility conducts these assessments only upon request by the resident to self-administer medications. Surveyor asked DON B is R1 able to self-administer medications. DON B states, no. Surveyor asked DON B if it is safe for R1 to have medications left at her bedside. DON B states, no. Surveyor asked DON B should R1 have medications at her bedside. DON B states, no.</p> | | |

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| <p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to choose his or her attending physician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39713</p> <p>Based on interview and record review, the facility did not ensure 2 of 2 residents (R1 and R5) reviewed were able to choose their physician.</p> <p>R1 during an interview indicated that she has not been allowed to see her primary care physician and instead is only allowed to see the in-house physician and Nurse Practitioner (NP)</p> <p>R5 was not aware she is able to select her own physician instead of being followed by the Medical Director.</p> <p>Evidenced by:</p> <p>The facility's policy titled Resident Rights implemented 10/01/22, states in part: .Policy: The facility will inform the resident both orally and in writing in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Policy Explanation and Compliance Guidelines: 1. Prior to or upon admission, the social service designee, or another designated staff member, will inform the resident and/or the resident's representative of the resident's rights and responsibilities .</p> <p>Note: Facility policy does not give any specifics on individual resident rights.</p> <p>Example 1</p> <p>R1 was admitted to the facility on [DATE] with diagnoses that include orthostatic hypotension, post-traumatic stress disorder, pancreatitis, bipolar disorder, colostomy, and alcohol abuse.</p> <p>R1's most recent Minimum Data Set (MDS) dated [DATE] states that R1 had a Brief Interview of Mental Status (BIMS) of 15/15, indicating that R1 is cognitively intact.</p> <p>On 7/16/24 at 10:05 AM, Surveyor interviewed R1. During the interview R1 voiced concerns about medications she was receiving on admission. R1 states that she was able to use her home medications until she ran out then the medication, she was receiving for food digestion was discontinued by the in-house physician and they indicated they would not be refilling it. R1 indicates she requested to see her primary care physician she had prior to admission and was instead required by the facility to see the in-house physician and NP who would not reorder medication she needed for her food digestion.</p> <p>On 7/16/24 at 10:45 AM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B who the in-house physician and NP were and which residents in the facility they see. DON B stated, the physician and NP see all the residents in the facility. Surveyor asked DON B if residents have a choice on their physician. DON B stated all residents can see any provider they wish. Surveyor asked DON B if she was aware R1 voiced concern about not being able to see her own primary physician. DON B stated she was not aware and will discuss this with R1.</p> <p>49434</p> <p>(continued on next page)</p> | | |

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| <p>F 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Example 2</p> <p>R5 was admitted to the facility on [DATE] with diagnoses including encephalopathy, major depressive disorder, generalized anxiety disorder, insomnia, alcohol abuse-uncomplicated, adjustment disorder with mixed anxiety and depressed mood, hypotension due to drugs, suicidal ideations, poisoning by unspecified drugs, medications, and biological substances-intentional self-harm- subsequent encounter.</p> <p>R5's most recent Minimum Data Set (MDS) dated [DATE], states that R5 has a Brief Interview of Mental Status (BIMS) of 13 out of 15, indicating that R5 is cognitively intact.</p> <p>R5's Physician Orders are all signed by the facility's medical director. The only Nurse Practitioner notes were written by the facility's Nurse Practitioner.</p> <p>On 7/16/24 at 11:07 AM, Surveyor interviewed R5. Surveyor asked R5 if she has missed any appointments. R5 states she can't keep up with her appointments as no one is assisting her. R5 also states that she missed a Nephrology appointment as she is woken up early one morning, told she had 20 minutes to get ready so that she could go to her Neurology appointment. R5 is dependent on staff and did not receive assistance in getting ready and she decided to dismiss it since she knew she wasn't supposed to see Neurology, she was supposed to have a Nephrology appointment. The Nephrology appointment has not been rescheduled to R5's knowledge. Surveyor asked R5 if she is allowed to choose her physician at the facility. R5 states, not that I'm aware of.</p> <p>On 7/16/24 at 1:06 PM, Surveyor interviewed anonymous complainant who informed Surveyor that they have been having difficulty communicating with R5 while she is at the facility, and that R5 had a primary care appointment, but R5 was not able to attend because R5 did not know about the appointment.</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49434</p> <p>Based on observation, interview, and record review, the facility did not ensure adequate supervision to prevent accidents from occurring for 1 of 3 residents reviewed for accidents/supervision (R1).</p> <p>R1 was admitted following hospitalization for an intentional overdose with Potassium (Electrolyte that affects heart rhythm) and Amlodipine (Calcium-channel blocker, decreases blood pressure by widening blood vessels) and staff failed to maintain adequate supervision of the resident while R1 was in possession of these medications.</p> <p>Evidenced by:</p> <p>The facility policy entitled, Accidents and Supervision Policy, dated 3/1/23 states, in part: The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes: 1. Identifying hazard(s) and risk(s). 2. Evaluating and analyzing hazard(s) and risk(s). 3. Implementing interventions to reduce hazard(s) and risk(s) . 1. Identification of Hazards and Risks- the process through which the facility becomes aware of potential hazards in the resident environment and the risk of a resident having an avoidable accident. a. All staff . are to be involved in observing and identify potential hazards in the environment, while taking into consideration the unique characteristics and abilities of each resident . c. Various sources provide information about hazards and risks in the resident environment . e. This information is to be documented and communicated across all disciplines. 2. Evaluation and Analysis the process of examining data to identify specific hazards and risks and to develop targeted interventions to reduce the potential for accidents . b. Both the facility-centered and resident-directed approaches include evaluating hazard and accident risk data, which includes prior accidents/incidents, analyzing potential causes for each hazard and accident risk, and identifying or developing interventions based on the severity of the hazards and immediacy of the risk . 3. Implementation of Interventions-using specific interventions to try to reduce a resident's risks from hazards in the environment. This process includes a. Communicating the interventions to all relevant staff. B. Assigning responsibility. d. Documenting interventions . e. Ensuring that the interventions are put into action .</p> <p>R1 was admitted to the facility on [DATE] with diagnoses including encephalopathy, major depressive disorder, generalized anxiety disorder, insomnia, alcohol abuse-uncomplicated, adjustment disorder with mixed anxiety and depressed mood, hypotension due to drugs, suicidal ideations, poisoning by unspecified drugs, medications, and biological substances-intentional self-harm- subsequent encounter.</p> <p>R1's most recent Minimum Data Set (MDS) dated [DATE], states that R1 has a Brief Interview of Mental Status (BIMS) of 13 out of 15, indicating that R1 is cognitively intact.</p> <p>R1's Hospital Discharge Summary, dated 6/6/24, indicates discharge diagnoses including in part: intentional overdose with prescription medications (potassium supplement/amlodipine), shock (d/t (due to) overdose of amlodipine), and acute renal failure (acute kidney failure). The hospital discharge recommendations include, in part: stop taking: .amlodipine, ibuprofen, potassium chloride .</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Of note: According to the study titled: Predicting Future Suicide Attempts among Depressed Suicide Ideators A 10-year Longitudinal Study. Previous suicide attempts have consistently been one of the strongest indicators for future suicide attempts. doi: 10.1016/j.jpsychires.2012.04.009</p> <p>R1's Physician Orders include, in part: Amlodipine Besylate Oral Tablet 5 MG (Amlodipine Besylate) Give 5 mg by mouth one time a day for Hypertension with a start date of 7/1/24 . Potassium Oral Tablet (Potassium) Give 20 mEq by mouth one time a day for Hypokalemia. Take with food. Start date: 7/3/24 .</p> <p>R1's Medication Administration Record (MAR) indicates R1 was administered Potassium on 7/16/24 and has received this medication every day as ordered. R1's MAR also indicates she was administered Amlodipine as ordered.</p> <p>It is important to note that no Self-Administration of Medication assessment exists for R1.</p> <p>Surveyor reviewed R1's physician's orders. R1 does not have an order to self-administer medications.</p> <p>R1's Patient Health Questionnaire (PHQ-9; a diagnostic tool used to screen adult patients for the presence and severity of depression) indicates the resident has a score of 11, meaning the resident is moderately depressed.</p> <p>R1's Comprehensive Care Plan includes, in part:</p> <p>Focus: I am at risk for alteration in psychosocial well-being r/t (related to) Suicidal ideations, Recent Intentional Overdose[sic] of Potassium and Amlodipine, Adjustment disorder, Alcohol abuse . Interventions/Tasks: Educate my family/friends and I on visitation restrictions and provide reassurance that the facility is taking precautions for health and safety of me and my fellow residents. Encourage and assist me with alternative means of communication with friends, family, and community as able . Encourage me to openly express my feelings. Observe for and report any changes in my mental status to nursing and/or social services. Provide me with activities I can do alone . Provide me with audio recordings, video recordings and/or written material to meet my spiritual needs. Refer to social services PRN (as needed) for additional emotional support. Update me regularly to help put my mind at ease.</p> <p>Focus: At times I feel sad and Distressed, Hopeless . Interventions/Tasks: Encourage me to get involved in activities related to my interests. Help me to keep in contact with family and friends. Introduce me to others with similar interests. Offer me food and beverages I like. Please give me my medications that help me with my depression and manage any side effects. Please tell my doctor if my symptoms are not improving to see if I need a change in my medication. Take the time to discuss my feelings when I'm sad.</p> <p>Of note: No interventions or tasks indicate safety precautions or supervision to prevent self-harm behaviors.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 7/16/24 at 3:27 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what behaviors, if any, are being monitored for R1. DON B states, R1 is being monitored for suicidal ideation, depression, anxiety, and concerns with R1 and her roommate not getting along. Surveyor asked DON B if R1 has exhibited any of these behaviors. DON B states, not that she is aware of at this time. Surveyor asked DON B if the facility conducts self-administration of medication assessments. DON B states that the facility conducts these assessments only upon request by the resident to self-administer medications. Surveyor asked DON B is R1 able to self-administer medications. DON B states, no. Surveyor asked DON B if it is safe for R1 to have medications left at her bedside and not be supervised while taking her medications in light of her recent medication overdose. DON B states, no. Surveyor asked DON B should R1 have medications at her bedside if she is not supervised. DON B states, no.</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525333 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/16/2024 |
| NAME OF PROVIDER OR SUPPLIER Watertown Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 121 Hospital Dr Watertown, WI 53098 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
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| <p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33166</p> <p>Based on record review, and staff and vendor interview, the Bedrock Corporation governing body did not ensure adequate funds were made available to provide for the safe and efficient management of the facility. The failure to maintain current payment status with service providers and vendors has the potential to affect all 72 residents in the facility.</p> <p>The Bedrock Corporate governing body failed to maintain current payment status with several service providers and vendors that resulted in vendors refusing to provide further service until payment is received, the facility is delinquent in their property taxes and utilities, the governing body has not paid State bed tax or federal Civil Money Penalties (CMPs), the facility pharmacy provider was abruptly terminated after a past due notice was issued including potential of disruption of service. The failure of the Bedrock governing body to maintain current contract payments has resulted in loss of service and notice of disruption of service. Bedrock's corporation's failure to provide sufficient funding to maintain service/vendor contracts and resulted in decreased options for services to the facility and has the potential to negatively impact resident quality of care and quality of life.</p> <p>Findings as follows:</p> <p>On [DATE], Surveyor received an aging vendor report with multiple vendors listed the aging vendor report, dated [DATE], indicated finances being owed from 30 days to greater than 151 days.</p> <p>According to the facility's aging vendor report, dated [DATE], the facility currently owes Alixa Pharmacy \$439,952.82. An invoice from Alixa dated [DATE] states in part; YOUR ACCOUNT IS NOW PAST DUE. Please remit \$482,437.79 to bring your account current. Total balance outstanding \$525,524.79. The facility is no longer doing business with Alixa and this account is currently in litigation.</p> <p>Surveyor reviewed the vendor aging report for Sysco, a food products company. According to the aging report, dated [DATE], Sysco is owed \$50,872.63. The aging vendor report shows the facility owes out greater than 151 days.</p> <p>On [DATE] at 4:30 PM Surveyor interviewed DOC O (Director of Credit) regarding the facility's line of credit at Sysco. DOC O stated the corporation owes \$600,000 for past due invoices from [DATE] and [DATE] for the Wisconsin buildings - the corporation is paying \$66,000 a month to get back in good standing. DOC O stated the corporation is delinquent in two buildings located outside of Wisconsin and was in talks with the corporation on a resolution for these facilities. DOC O stated the representative from the corporation is no longer responding to calls from Sysco, DOC O stated Sysco will make one final attempt on [DATE], to reach the corporation if they do not talk with someone from the corporation or agree upon a resolution for the delinquent accounts Sysco will be forced to stop shipments to all of Bedrock corporation including the Wisconsin facility's.</p> <p>The Bedrock corporation provided a payment ledger indicating payment to Sysco Corporation on [DATE] of \$1,041.08 which was pending, the facility had made additional payments on [DATE] of \$4,493.10, [DATE] of \$39,041.72, [DATE] of 4.301.4 and [DATE] of 4,467.79.</p> <p>(continued on next page)</p> | | |

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| <p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Surveyor reviewed the vendor aging report dated [DATE], for Synapse Health, a Durable Medical Equipment (DME) provider. The aging report indicates the facility owes for greater than 151 days out for a total of \$1,823.22. The Bedrock Corporation provided a check dated [DATE] in the amount of \$638.08 for invoices from [DATE]-[DATE].</p> <p>On [DATE] at 12:45 PM, Surveyor interviewed APR E (Accounts Payable Representative) from Synapse Health the facility's DME provider. Surveyor asked APR E what type of DME is provided to the facility. APR E stated oxygen concentrators, CPAP (Continuous Positive Airway Pressure) supplies, respiratory supplies mattresses and Broda chairs. APR E stated the facility owes the company \$1,823.22, plus a random bill from 2022. APR E stated the facility was told the company would stop providing service on [DATE], however we are giving the facility more time to make a payment if no payment is received, we will stop providing service.</p> <p>The facility utilizes an electronic health record company Point Click Care (PCC). According to the aging report, dated [DATE], PCC is owed \$20,346.46 with bills greater than 150 days out. The facility's accounts payable firm provided an invoice, dated [DATE]. The terms of the invoice state net 30, meaning the bill is due in 30 calendar days after being billed, resulting in a due date of [DATE]. The accounts payable provided a check payable to PCC, dated [DATE], in the amount of \$3,740.56. This check was for an invoice dated [DATE].</p> <p>On [DATE] at 8:15 AM, Surveyor received a call from PCC AR P. AR P stated the company owes \$276,700.70 in outstanding service.</p> <p>On [DATE] at 9:51 AM. Surveyor received an email from PCC AR escalations stating a demand letter has expired, and next step is to issue a termination letter. Nonpayment is putting the account, as a whole, at risk for service disruption.</p> <p>Surveyor reviewed the vendor aging report for Twinmed, a medical supply company, according to the aging report dated [DATE], Twin Med, is owed \$56,909.88. The aging vendor report shows the facility owes out greater than 150 days.</p> <p>The facility's AP provided a check dated [DATE] showing Twinmed was paid \$9,912.19 for invoices dated [DATE]-[DATE].</p> <p>On [DATE] at 9:45 AM, Surveyor placed a call to Twimed and is waiting a return call.</p> <p>On [DATE] at 9:00 AM, Surveyor placed a call to Twinmed and is waiting return call.</p> <p>On [DATE] at 9:17 AM, Surveyor spoke to Twinmed AR Director S. Surveyor asked AR S if the facility was at risk of discontinuation of service due to the outstanding balance. AR S stated, no there is not a risk as they are current and the bill is not due until the end of the month. We bull subannually and the next payment falls at the end of this month.</p> <p>Surveyor reviewed the vendor aging report for Comprehensive Therapy Specialist (CTS), a pharmacy consulting agency, according to the aging report dated [DATE], Comprehensive Therapy Specialist, is owed \$19,846.00. The aging vendor report shows the facility owes out greater than 151 days.</p> <p>(continued on next page)</p> | | |

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| <p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>An invoice provided to Surveyor, dated [DATE], states in part: payment is due no later than 15 days after invoice date. Payments more than 30 days past due are subject to a 10% late fee. We appreciate your prompt payment.</p> <p>A check dated [DATE] was issued to CTS for \$832.50 for an invoice dated [DATE].</p> <p>On [DATE] at 4:30 PM, Pharmacist Q returned the call to Surveyor. Pharmacist Q stated the facility does have an outstanding bill; however, the company called them today and is scheduling payment for all outstanding costs.</p> <p>According to Centers of Medicare and Medicaid Services (CMS) the facility owes CMS \$173,970.13 for CMPs. According to CMS last sent a notice to the facility on [DATE] with a total amount due of \$173,970.13 with a due date of [DATE].</p> <p>According to the Wisconsin Division of Medicaid Service (DMS) the facility has a monthly bed tax assessment of \$19,040.00 with a total owed of \$832,491.</p> <p>The corporation utilizes MetLife dental, and vision benefits. The facility's accounts payable shows the corporation owes \$102,147.27 as of [DATE]. The corporation paid \$34,222.40 toward this balance on [DATE].</p> <p>Surveyor reviewed the vendor aging report, dated [DATE], for the facility's property taxes for 2022 and 2023. According to the aging vendor report, the facility owes back property taxes in the amount of \$154,159.97. The Bedrock Corporation provided a check dated [DATE] for \$19,020.07 for water, sewer, and penalties for delinquency for invoices dating back to [DATE]-[DATE].</p> <p>On [DATE] at 11:50 AM, Surveyor spoke to AC C (Accounting Clerk) regarding delinquent bills. AC C stated the facility is delinquent in 2023 property taxes and utilities. AC C stated roughly \$94,764.18 with delinquent utilities and interest.</p> <p>On [DATE] at 12:00 PM, Surveyor spoke to DT D (Deputy Treasurer). DT D stated the facility is currently delinquent in their property taxes for 2022 and 2023. DT D stated the facility owes \$99,215.28 for 2022 and \$97,446.18 for property taxes and delinquent utilities. DT D stated the delinquent utilities amount is \$10,677.70.</p> <p>Surveyor reviewed the vendor aging report for Sterling Therapy, a therapy company. According to the aging report dated [DATE], Sterling Therapy is owed \$39,316.50. The Vendor report indicates the facility is in terms. The Bedrock Corporation utilizes Sterling Therapy in their homes. The Corporation provided payments to Sterling Therapy on an American Express credit card totaling \$75,000, three separate payments were received including \$25,000 each on [DATE], [DATE], and [DATE].</p> <p>Surveyor made multiple attempts to reach this vendor and was unable to reach this vendor.</p> <p>Surveyor reviewed the vendor aging report dated [DATE], for We-Energies, a utility company. We-Energies is owed \$32,429.18.</p> <p>(continued on next page)</p> | | |

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| <p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>An invoice dated [DATE], states in part; amount due: SEE DISCONNECT NOTICE, payment due: SEE DISCONNECT NOTICE previous balance \$44,421.72 Late fee \$424.71 Balance \$44,846.43 Total current \$5,431.27 Total Current Balance \$50,277.70. Disconnection Notice: TO AVOID DISCONNECTION OF SERVICE, PLEASE MAKE PAYMENT BY ONE OF THE FOLLOWING OPTIONS BEFORE [DATE]. Pay the past due balance of \$44,421.72.</p> <p>An invoice dated [DATE], states in part; amount due: SEE DISCONNECT NOTICE, payment due: SEE DISCONNECT NOTICE previous balance \$50,277.70 Late fee \$480.45 Balance \$50,758.15 Total current \$7,795.98 Total Current Balance \$58,554.13. Disconnection Notice: TO AVOID DISCONNECTION OF SERVICE, PLEASE MAKE PAYMENT BY ONE OF THE FOLLOWING OPTIONS BEFORE [DATE]. Pay the past due balance of \$58,554.13.</p> <p>On [DATE] at 1:10 PM, Surveyor received a call from FO R (Facility Owner), FO R stated he is paying his bills he would never do anything to harm the residents. FO R stated many of the companies Surveyor is looking at the facility has stopped using their service as they were not providing the services or charging ridiculous amounts of money. FO R stated I know the issues with Sysco were a big deal and I am working on that. FO R also stated Twinmed account was automatically delinquent now he pays on order. Surveyor asked FO R what the company is doing to pay their bills, FO R stated he is working with AP and getting the company bills paid.</p> | | |