

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 02/19/2025
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on interview and record review, the facility did not ensure that a resident, with a personal fund deposited with the facility, had conveyance of the resident's funds within 30 days of discharge and a final accounting of those funds to the individual or probate administering the resident's estate, in accordance with State law for 1 of 1 resident reviewed (R1) for trust accounts.</p> <p>R1 discharged from the facility on 3/25/24. R1's account was still active at facility with a balance of \$2520.00. There was no conveyance of R1's account after resident discharged and no final accounting of those funds to R1's Health Care Power of Attorney (HCPOA).</p> <p>This is evidenced by:</p> <p>Facility's admission packet, dated 3/2020, includes: . Payment Policy- Payment is required one month in advance and the Facility's Business Office can provide information as to when payment is due each month. A one-month deposit of the daily rate is due upon admission. This deposit will be held in an interest-bearing account and may be applied to outstanding balances with resident and/or legal representative. If the resident is private pay and is discharged before the end of the month the resident's account will be reconciled and any outstanding debts owed to the facility will be deducted from the remaining balance. Any amount remaining after deducting what is owed to the facility will be refunded to the resident within 30 days of the date of the resident's discharge or as required by applicable state law .</p> <p>R1 was admitted to facility on 11/21/22. R1's primary payer source was herself (private pay).</p> <p>R1 discharged from the facility on 3/25/24 to go to another skilled nursing facility.</p> <p>On 2/19/25 at 9:42 AM, during an interview, RR D (Resident Representative), who is also R1's Health Care Power of Attorney, indicated that he had not received any accounting of the trust account and that there was a remaining balance that should have been paid back by the facility. RR D indicated he paid for all of March 2024, but R1 discharged on [DATE] so there were 6 days (3/26/24-3/31/24) remaining that he should be refunded for.</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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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/19/25 at 10:00 AM, during an interview, BOM C (Business Office Manager) and Surveyor reviewed R1's financial funds summary indicating R1 had a remaining balance of \$2520.00. BOM C indicated she was not working at the facility at the time R1 was a resident but she agreed that R1's remaining balance should have been paid out to R1's RR D within 30 days of discharging.</p> <p>On 2/19/25 at 11:12 AM, NHA A (Nursing Home Administrator) indicated RR D made contact with the facility several times according to documentation by previous administration. NHA A indicated the facility did send a check out to RR D the first week of December 2024 for reimbursement, but the package was returned to sender. NHA A indicated when he was looking at this today, he found an error in the mailing address. NHA A indicated the facility should have paid the remaining balance to RR D within 30 days of R1 discharging from the facility. NHA A indicated he will take care of this immediately. NHA A indicated BOM C is new in her role and will be receiving addition training along with assistance completing an audit to be sure there are no other remaining balances owed by the facility.</p>		