

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Wausau		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 E Wausau Ave 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)
<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** 31088</p> <p>Based on interview, and invoice review, the facility failed to have a governing body, or a designated person function as a governing body to legally establish and implement policies regarding management and operation of the facility; the facility is in financial arrears for services that can directly affect resident care such as pharmaceutical services and the electronic healthcare software. This has the potential to affect all 25 residents residing in the facility.</p> <p>This is evidenced by:</p> <p>Policy Number: CP 1.1.0 A, in part:</p> <p>Governing Body Duties and Responsibilities:</p> <p>A. Policies and Procedures: The Governing Body is legally responsible for establishing and implementing policies regarding the management and operation of the facility. The Governing Body, in conjunction with regular reporting by the Administrator, should assess on a regular basis that services are being provided . and that there is efficient use of resources.</p> <p>Appointment of Administrator: The Governing Body is responsible for appointing an Administrator who shall:</p> <p>C. Report to and be accountable to the Governing Body.</p> <p>ii. Administrator and Governing Body will determine which types of problems and information (e.g. survey results ., overpayments and underpayments, and other risk areas) should be reported to the Governing Body and method of communicating.</p> <p>g. Have a thorough working knowledge of the overall operation of the facility, including .budgetary and fiscal matters .</p> <p>E. Institutional Budget Plan: The Governing Body is responsible for directing and ensuring that a committee consisting of representatives of the Governing Body and the Administrative staff prepares an institutional budget plan that provides 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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. An annual operating budget prepared according to generally accepted accounting principles .</p> <p>A complaint was received stating the facility has concerns with multiple overdue balances owed to providers. Verification of invoices with outstanding balances on 05/30/24</p> <p>On 5/30/24 at 11:37 a.m., Surveyor contacted [NAME], who provides all personal supplies for the residents and medical supplies for nursing. [NAME], Representative C, in accounts receivable verified the total outstanding amount due is \$71,928.36.</p> <p>On 5/30/24 at 11:58 a.m., Surveyor interviewed Earth Development Representative D. Earth Development provided lawn care and snow removal for the facility. The amount due is \$37,168.00 This company will no longer provide any services for lawn care and snow removal.</p> <p>On 5/30/24 at 1:56 p.m., Surveyor interviewed Shift Key Representative (SKR), who would not provide a name. SKR is a staffing agency. SKR verified the facility owes \$4892.00, for services provided 7/12 - 7/18/2023. This company has deactivated their account due to nonpayment.</p> <p>On 5/30/24 at 2:00 p.m., Surveyor interviewed Pharm America Representative (PAR) E who verified the current amount due is \$41,448.00. The facility has not made a payment in 122 days. PAR E indicated, We will need to change the way they do business to cash in advance, or not provide services. PAR E stated she reaches out every 2 weeks and hears nothing back from the facility. Pharm America provides medications for residents.</p> <p>Premier Staffing invoice was reviewed showing a balance due of \$7353.87. This bill is for staffing services provided 7/9 - 7/15/23. On 5/30/24 at 2:17 p.m., Surveyor left a message to verify. No return call from Premier Staffing.</p> <p>On 5/30/24 at 2:12 p.m., Surveyor reviewed an invoice provided for PRN Healthcare, showing a balance due of \$4013.25. The invoice is dated 8/6/23. Surveyor received a return phone call on 6/4/24 at 10:35 a.m, from PRN Healthcare Representative K, stating the balance overdue is \$7,089.00. This is for staffing services provided on 8/13, 8/20, 9/3, 9/10, and 9/24/23.</p> <p>On 5/30/24, Surveyor contacted Point Click Care (PCC) via email and left a message for PCC Representative I. The invoice provided by the facility, dated 5/24/24, states they owe \$78,028.49. This amount does include amounts for other facilities under WAGA Health Group. This bill is from 7/1/23 to present; they made the last payment 9/26/23. Nursing Home Administrator (NHA) A provided an email from WAGA Representative, (WR) J, that indicates they would pay \$35,000 on 5/24/24.</p> <p>On 5/30 at 2:28 p.m., Surveyor interviewed WR J via telephone, asking about the email with PCC that indicated on 5/21/24 money was to be paid to them. WR J states she was told it would be paid but realized on 5/24/24 that it was not paid. WR J indicated the facility is willing to pay the bill. WR J has contacted PCC, but they didn't respond to her.</p> <p>360 Solutions cleaning supplies - received email verification on 6/3/24 that the total amount owed is \$2873.57. This company will no longer provide services, as they have not received any payments since 7/24/2023.</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>On 5/30/24 at 2:15 p.m., Surveyor interviewed [NAME] Refrigeration General Manager F. The facility's account was sent to collections for \$1588.61. The company would be willing to work with the facility if service was needed. The company would require cash on demand.</p> <p>Bed taxes owed to the State of Wisconsin</p> <p>Assessment Only: \$16,320</p> <p>Estimated Total: \$33,899</p> <p>Rent payments in arrears</p> <p>Court filing dated 4/9/24 documents the amount due to the [NAME] between January 2024 and May 2024 is \$509,875.</p> <p>The total amount in default of the loan is \$719,375.</p> <p>Interviews</p> <p>On 6/3/24 at 2:05 p.m., Surveyor interviewed NHA A, who is the acting administrator and a member of the governing body. Surveyor asked how often and when the NHA reports to the governing body. NHA A said they have weekly meetings with the other NHAs, DONs, the owner, and most of the persons listed as governing body members. Surveyor asked if financial concerns are discussed during these meetings. NHA A indicated not really, only to inform them of a change in vendors that will be providing supplies.</p> <p>Surveyor asked how the NHA assesses that the facility has the financial resources to provide needed services for the residents. NHA A indicated that is hard to answer because so much is out of her control. NHA A's responsibility is to code the invoices as they come in and send on to their service center. That is the same for payroll. NHA A checks for correct hours and accuracy, for submission. Then it is out of NHA A's hands.</p> <p>Surveyor asked if NHA A has thorough working knowledge of the operations including budgetary and fiscal matters. NHA A indicated that WR J has provided the budget for the facility. NHA A said she does a spend down for each department to align with the budget.</p> <p>Surveyor asked what NHA A does when she receives invoices that are overdue. NHA A said if she gets emails or phone calls requesting money, NHA A refers it to WR J.</p> <p>Surveyor asked how much involvement the owner has in the day-to-day operations of the facility. NHA A said back in September the owner was very involved and, in the building, frequently. In recent months the owner has not been around. NHA A said the owner is very responsive to any questions or concerns the NHA brings up. Surveyor asked if the owner made NHA A aware of the bills that are in arrears that have the potential to affect the residents. NHA A indicated the only communication about the outstanding balances has been through WR J.</p> <p>(continued on next page)</p>		

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