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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525405 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>11/06/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Amethyst Health of Wausau |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1010 E Wausau Ave<br>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.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>Protect each resident from the wrongful use of the resident's belongings or money.</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 0602</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility did not ensure residents were free of misappropriation and/or exploitation. The facility's failures of not thoroughly investigating and not reporting to the State Agency (SA) or local authorities when suspected misappropriation was first discovered on 10/08/25 left the residents at continued risk of misappropriation, exploitation, and mishandling of resident funds. Five residents (R) R1, R2 R3, R4, and R8 were affected. All residents who made payments at the facility were at risk.R1's funds were misappropriated when a check in the amount of \$2,040, which was meant for R1's care/room charges, was deposited into a bank account only Business Office Manager (BOM)-D was aware of and had access to withdraw funds from. R2's family member (FM)-J had contacted the facility about where R2's money was going. R2 discharged on 8/5/25 to an Assisted Living (AL) facility and FM-J or R2 still cannot get answers as to where R2's funds are. R2 is at risk of being kicked out of current AL facility per FM-J. On 10/10/25, Nursing Home Administrator (NHA)-A noted that R3's personal checkbook had 13 checks written from it from 8/12/24 to 8/28/25. NHA-A had concerns as to where the funds were. NHA-A indicated being suspicious that the signature on some of R3's personal checks were not that of R3's handwriting.Social Worker (SW)-E had concerns related to R4's funds. SW-E indicated R4 had a lot of money and no family. NHA-A indicated R4 now has a negative balance in R4's account and the facility was rep payee for R4. Both SW-E and NHA-A had concerns that R4's money may have been misappropriated.SW-E and NHA-A shared concerns that R8 had funds in the amount of approximately \$2,000 and only purchased soda and is now without funds in a short amount of time. The facility was rep payee for R8. An AFLAC insurance check was deposited into a bank account only Business Office Manager (BOM)-D was aware of and had access to withdraw funds from. In addition, residents' family members expressed concerns about resident funds that were not accounted for, and the facility did not take action to thoroughly investigate the concerns. The facility's failure to respond to suspected misappropriation created a finding of immediate jeopardy that began on 10/8/25. Surveyor notified NHA-A of the immediate jeopardy on 10/31/25 at 1:15 PM. The immediate jeopardy was removed on 11/3/25, however, the deficient practice continues at a scope/severity level E (potential for more than minimal harm/pattern) as the facility continues to implement their action plan.On 10/30/25. Surveyor reviewed a facility-provided policy titled Resident Right to Freedom from Abuse, Neglect and Exploitation which had a consulting company's trademark date of 2025 and stated in part:Policy: The Facility's residents have the right to be free from abuse, neglect, misappropriation of their property, and exploitation as defined in this policy. This policy applies to any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants, and others currently or potentially working for the Facility.Procedure: IV. When the facility has identified abuse, the Facility will take all appropriate steps to remediate the noncompliance and protect residents from additional abuse immediately. The facility will increase enforcement action, including but not limited to: A. Taking steps to prevent further potential abuse. B. Reporting the alleged violation and investigation within required timeframes pursuant to Federal and State statutes and regulations. C. Conducting a thorough investigation. D. Taking appropriate corrective action. V. The facility will develop written policies and procedures that define how staff will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, and exploitation with the QAPI program to allow the QAA Committee to determine: A. If a thorough investigation is conducted. B. Whether the resident is protected. C. Whether an analysis was conducted as to why the situation occurred. D. Risk factors . E. Whether there is further need for systemic action such as: e. Tracking patterns of similar occurrences. IX: The facility will investigate any allegations made alleging abuse, neglect, and exploitation of residents and misappropriation of resident property. XII: The Facility will ensure compliance with the Elder Justice Act pursuant to the Facility's Elder Justice Act Policy and Procedure. XIII. Response: Have evidence that all alleged violations are thoroughly investigated. c. Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.On 10/30/25, Surveyor requested policies from NHA-A related to accounts receivables and/or resident funds; no policies were provided. On 10/31/25, Surveyor emailed NHA-A requesting these policies again, no policies were provided. On a final request on 11/3/25, NHA-C provided polices which indicated an effective date of 11/2/25.On 10/30/25 at 8:45 AM, Surveyor interviewed NHA-A, who indicated having opened a bank statement on 10/8/25 which was in the facility name but NHA-A did not know existed. The statement was for the month of September 2025. NHA-A contacted the bank where the</p> |  |  |

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| <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 record review and interview, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 1 of 13 employees reviewed. The facility did not ensure their abuse policy was implemented when one employee's Background Information Disclosure (BID), Department of Justice Response (DOJ), and Government Findings report was not obtained before employee started working at facility, Registered Nurse (RN) H. This is evidenced by: Facility policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, with a revised date of 04/2021, states in part: The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 4. Conduct employee background checks and no knowingly employ or otherwise engage an individual who has: a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b. had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c. a disciplinary action in effect against his or her professional license by a state licensure body as a result of finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. On 11/05/25, Surveyor reviewed 12 random staff Caregiver Background Check and Misconduct Reporting Compliance Check. RN H was hired on 08/22/23. Surveyor found no BID, Department of Justice (DOJ), or Government Findings report completed for RN H. On 11/05/25 at 1:10 PM, Surveyor interviewed Executive Director Assistant ([NAME]) I regarding completion of employees' BID, DOJ, and Government Findings report. [NAME] I stated that it was recently discovered that many personnel files were missing items and sweep was being done to determine which personnel files were missing items. Surveyor asked [NAME] I if any personnel files had been updated with the necessary paperwork yet. [NAME] I stated no and that currently it is just a list. Surveyor asked [NAME] I to provide a list of employees identified needing BID, DOJ, and Government Findings report. No additional documentation was provided to Surveyor by exit. On 11/05/25 at 1:30 PM, Surveyor interviewed Nursing Home Administrator (NHA) A regarding lack of RN H's BID, DOJ, and Government Findings report. NHA A stated apologies having just recently taking over at facility. NHA A stated that a sweep was being done and those without a background check will be removed from the schedule until their background check is completed.</p> |  |  |

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| <p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p> |

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| <p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility did not report suspected misappropriation and/or exploitation of resident funds to the State Agency (SA) or to local authorities immediately upon discovery. The facility's failure to report the allegations affected 5 residents (R) of 8 residents (R1, R2, R3, R4, and R8) reviewed and had the potential to affect other residents who had financial accounts or made payments at the facility. Nursing Home Administrator (NHA)-A identified concerns related to misappropriation and/or exploitation on 10/8/25 after reviewing a bank statement of an account under the facility name that NHA-A was not aware existed. The statement showed a cash withdrawal and a money order. The bank informed NHA-A that Business Office Manager (BOM)-D had a checkbook and debit card for this account. NHA-A believed BOM-D opened this account. NHA-A reported the concerns to Director of Operations (DOO)-F and Owner-G. DOO-F instructed not to report these concerns to the SA nor police department. NHA-A suspected that deposits of money to the above-noted bank account may have been from payments provided to BOM-G for residents' monthly room and care fees instead of being entered into the facility Resident Fund Management System (RFMS) (a software system connected to financial accounts for residents which provides direct deposits and direct debits with automatic care costs payments), including R1's payments. This was not reported to the SA nor police department. Social Worker (SW)-E indicated R2's family had expressed concerns about where R2's Social Security check was and they were planning to file a complaint as they did not know where R2's funds were going. On 10/10/25, NHA-A noted that R3's personal checkbook had 13 checks written from it from 8/12/24 to 8/28/25. NHA-A had concerns as to where the funds were. NHA-A indicated being suspicious that the signature on some of R3's personal checks were not that of R3's handwriting. This was not reported to the SA or police department. Social Worker-E had concerns related to R4's funds. SW-E indicated R4 had a lot of money and no family. NHA-A indicated R4 now has a negative balance in R4's account and the facility was rep payee for R4. Both SW-E and NHA-A had concerns that R4's money may have been misappropriated. This was not reported to the SA or police department. SW-E and NHA-A shared concerns that R8 had funds in the amount of approximately \$2,000 and only purchases soda and is now without funds in a short amount of time. This was not reported to the SA nor police department. An insurance check from AFLAC was deposited into the bank account only BOM-D was aware of and had access to. NHA-A was not able to indicate which resident this check was intended for. This was not reported to the state agency nor police department. The facility's failure to report the suspected resident misappropriation and/or exploitation created a finding of immediate jeopardy that began on 10/08/25. Surveyor notified NHA-A of the immediate jeopardy on 10/31/25 at 1:15 PM. The immediate jeopardy was removed on 11/3/25, however, the deficient practice continues at a scope/severity level E (potential for more than minimal harm/pattern) as the facility continues to implement their action plan. Findings: On 10/30/25, Surveyor reviewed a facility-provided policy titled Resident Right to Freedom from Abuse, Neglect and Exploitation which had a consulting company's trademark date of 2025 and stated in part: Policy: The Facility's residents have the right to be free from abuse, neglect, misappropriation of their property, and exploitation as defined in this policy. This policy applies to any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants, and others currently or potentially working for the Facility. Procedure: XII: The Facility will ensure compliance with the Elder Justice Act pursuant to the Facility's Elder Justice Act Policy and Procedure. XII: A a. Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property are reported in the proper time frame pursuant to this policy. On 10/30/25 at 8:45 AM, Surveyor interviewed NHA-A who indicated there have been concerns with residents' statements not reflecting payments made. NHA-A indicated that BOM-D was collecting resident care/room and board payments at the facility. NHA-A believed BOM-D opened up a small business account at a local bank under the name of the facility and put resident funds meant for payment of care/room and board into this account and then utilized the money personally. BOM-D is no longer employed at the facility as of 10/22/25. NHA-A further explained that on 10/8/25, while BOM-D was off work for a medical leave, a bank statement for the month of September 2025 came in the mail to the facility. NHA-A opened it and was not familiar with this account at a local bank. NHA-A noted cash withdrawal and a money order in large amounts on the statement. NHA-A spoke with bank employees who indicated the account had a debit card and checkbook assigned to BOM-D</p> |  |  |

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| <p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>Respond appropriately to all alleged violations.</p> <p>(continued on next page)</p>                                   |

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| <p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility did not thoroughly investigate suspected misappropriation and/or exploitation of resident funds. The facility's failure to investigate the alleged misappropriation/exploitation affected 5 residents (R) of 8 residents (R1, R2, R3, R4, and R8) reviewed and had the potential to affect other residents who had financial accounts or made payments at the facility. Nursing Home Administrator (NHA)-A identified concerns related to misappropriation and/or exploitation on 10/8/25 after reviewing a bank statement of an account under the facility name that NHA-A was not aware existed. The statement showed a cash withdrawal and a money order. The bank informed NHA-A that Business Office Manager (BOM)-D had a checkbook and debit card for this account. NHA-A believed BOM-D opened this account and that it may have contained resident funds meant to be used for residents' care/room and board, including R1's payment. NHA-A reported the concerns to Director of Operations (DOO)-F and Owner-G. A thorough investigation into the concerns was not conducted. Social Worker (SW)-E indicated R2's family had expressed concerns about where R2's Social Security check was, and they were planning to file a complaint as they did not know where R2's funds were going. This was not thoroughly investigated. On 10/10/25, NHA-A noted that R3's personal checkbook had 13 checks written from it from 8/12/24 to 8/28/25. NHA-A had concerns as to where the funds were. NHA-A indicated being suspicious that the signature on some of R3's personal checks were not that of R3's handwriting. This was not thoroughly investigated. SW-E had concerns related to R4's funds. SW-E indicated R4 had a lot of money and no family. NHA-A indicated R4 now has a negative balance in R4's account and the facility was rep payee for R4. Both SW-E and NHA-A had concerns that R4's money may have been misappropriated. This was not thoroughly investigated. SW-E and NHA-A shared concerns that R8 had funds in the amount of approximately \$2,000, R8 only purchases soda and is now without funds in a short amount of time. This was not thoroughly investigated. An insurance check from AFLAC was deposited into the bank account only BOM-D was aware of and had access to. NHA-A was not able to indicate which resident this check was intended for. This was not thoroughly investigated. On 10/30/25, Surveyor interviewed NHA-A who indicated having notified DOO-F and Owner-G of concerns of potential misappropriation; DOO-F advised NHA-A to not submit a facility-initiated report to the State Agency (SA) nor police. The facility's failure to thoroughly investigate suspected resident misappropriation and/or exploitation allowed the misappropriation/exploitation to continue, thus creating a finding of immediate jeopardy that began on 10/08/25. Surveyor notified NHA-A of the immediate jeopardy on 10/31/25 at 1:15 PM. The immediate jeopardy was removed on 11/3/25; however, the deficient practice continues at a scope/severity level E (potential for more than minimal harm/pattern) as the facility continues to implement their action plan. Findings: On 10/30/25, Surveyor reviewed a facility-provided policy titled Resident Right to Freedom from Abuse, Neglect and Exploitation which had a consulting company's trademark date of 2025 and stated in part: Policy: The Facility's residents have the right to be free from abuse, neglect, misappropriation of their property, and exploitation as defined in this policy. This policy applies to any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants, and others currently or potentially working for the Facility. Procedure: V. The facility will develop written policies and procedures that define how staff will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, and exploitation with the QAPI (Quality Assurance Performance Improvement) program to allow the QAA (Quality Assessment and Assurance) Committee to determine: A. If a thorough investigation is conducted. B. Whether the resident is protected. C. Whether an analysis was conducted as to why the situation occurred. D. Risk factors. E. Whether there is further need for systemic action. IX: The facility will investigate any allegations made alleging abuse, neglect, and exploitation of residents and misappropriation of resident property. XII: The Facility will ensure compliance with the Elder Justice Act pursuant to the Facility's Elder Justice Act Policy and Procedure. XIII. Response: Have evidence that all alleged violations are thoroughly investigated. c. Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. On 10/30/25, Surveyor reviewed medical records for R1, R2, R3, R4, and R8 noting the following: R1 was admitted to the facility 1/14/25 and discharged [DATE]. Face sheet indicated yes to rep payee and R1 was responsible for self. R1 had diagnoses of Crohn's disease and cellulitis. A Brief Interview for Mental Status (BIMS) completed 4/23/25 indicated a score of 15/15 indicating intact cognition. R2 was admitted to the facility on [DATE] and discharged [DATE]. Face sheet indicated R2 was responsible for self</p> |  |  |

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| <p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>(continued on next page)</p> |

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| <p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility administration did not ensure resources or practice to effectively and securely manage resident finances were in place to ensure the integrity of resident accounts and to maintain the highest practicable psychosocial well-being of each resident. This had the potential to affect any resident utilizing the facility's billing office(s) or third-party billing company. Administration did not have an effective tracking system of payments coming into the facility by residents and/or representatives. Administration did not hold the Business Office Manager, (BOM)-D, and/or third-party billing company accountable to safe, secure, and accurate handling of resident finances. Administration did not have practices in place to ensure insurances payments (i.e. Social Security Income/SSI) and/or withdrawals for care/room and board ended when a resident no longer resided at the facility. Nor did the facility have practices to ensure SSI money was not utilized when a MCO was also in place for payment of care and room/board. Administration did not follow regulation or policy on reporting and investigating suspected misappropriation and/or exploitation of residents' finances nor determine the extent of the matter nor protect residents from potential further misappropriation. Administration did not provide education and/or appropriate tools or equipment to carry out transfers of checks coming to the facility intended for resident care/room and board fees. Administration did not implement policies and procedures for accounts payable/account receivables. The facility's failure to implement appropriate practices and policies related to resident finances put residents at risk of misappropriation and exploitation of funds which created a finding of immediate jeopardy that began on 10/08/25. Surveyor notified NHA-A of the immediate jeopardy on 10/31/25 at 1:15 PM. The immediate jeopardy was removed on 11/3/25; however, the deficient practice continues at a scope/severity level E (potential for more than minimal harm/pattern) as the facility continues to implement their action plan. Findings:1. On 10/30/25, Surveyor interviewed NHA-A who had concerns of misappropriation of residents' funds after finding out about a bank account in the facility's name which BOM-D had a debit card and checkbook for, but which NHA-A did not know existed. Other management staff were also not aware BOM-D held such an account. NHA-A noted cash withdrawals, money orders, grocery and department store purchases, gas station purchases, restaurant purchases, and hardware store purchases, as well as other spending. Surveyor viewed facility provided statements from July, August, and September confirming these charges and cash/money withdrawals on the account. NHA-A indicated there not being an effective way to determine what these charges were made or for whom they may have been made or if the funds were being misappropriated or mishandled. NHA-A nor other facility managers were aware the account existed. Surveyor reviewed a copy of a check from R1 in the amount of \$2,040 dated 6/13/25 with a stamped date of 8/7/25, which correlated with a deposit noted on August's bank statement for the account BOM-D held in the facility's name. The check was written and deposited after the resident discharged from the facility (4/27/25); therefore, would not be intended for resident's personal spending. On 10/30/25, NHA-A also shared concerns related to known issues with the third-party billing company. NHA-A indicated Owner-G was aware of issues with the facility's third-party billing company. Residents noted during interviews with NHA-A were R1, R2, R3, R4, and R8. On 10/30/25, Surveyor interviewed R1's family member (FM)-H who shared concerns about inaccurate statements, the way which BOM-D would text or call with balances needing to be paid, as well as concerns of lack of receipt for payments. FM-H indicated BOM-D suggested FM-H pay extra and would be paid back; however, FM-H instead received a statement on 10/27/25 for over \$7,000. Also, statements were missing entries for payments made. FM-H expressed fears that collections would come after FM-H due to the inaccuracy of resident funds management at the facility. Despite concerns, no changes were made by administration to correct the issues. On 5/31/25 at 12 PM, Surveyor interviewed Director of Operations (DOO)-F who indicated you (Surveyor) got firsthand how difficult the third-party biller was to communicate with (referring to a call DOO-F initiated on 10/30/25). DOO-F added, I would expect if someone would have been diverting funds, there would have been an alert that a resident was not paying for the last 2, 3, 4 months and NHA would have gotten a notification or alert. When discussing potential for misappropriation, DOO-F indicated some of those safeguards were not there. DOO-F stated, we will now be putting things in place to make that harder to do. The receivership occurred, constant changeover of management and new ownership; BOM-D had that opportunity with all those holes.2. On 10/30/25, Surveyor interviewed R2's family member (FM)-I who expressed concerns related to R2 being evicted from the Assisted Living facility</p> |  |  |