

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Luther Home		STREET ADDRESS, CITY, STATE, ZIP CODE 831 Pine Beach Rd Marinette, WI 54143	
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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility did not implement their written policies and procedures to prohibit and prevent abuse for 1 of 8 staff reviewed for caregiver background checks. The facility did not have completed Department of Justice (DOJ) or Government Findings Reports for Certified Nursing Assistant (CNA)-E. Findings include: The facility's Abuse, Neglect, and Exploitation Prevention and Reporting Policies and Procedures, dated September 2024, do not include the facility's background check procedure on new and existing employees. On 7/9/26, Surveyor reviewed a sample of 8 staff for caregiver background checks, including CNA-E. CNA-E had a hire date of 11/6/24. CNA-E's Background Information Disclosure (BID) form was completed on 11/6/24, however, the facility did not have DOJ or Government Findings Reports on file for CNA-E. On 7/9/26 at 10:57 AM, Surveyor interviewed Human Resources Director (HR)-F who confirmed the facility did not complete DOJ and Government Findings Reports for CNA-E prior to 7/9/26.		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Luther Home		STREET ADDRESS, CITY, STATE, ZIP CODE 831 Pine Beach Rd Marinette, WI 54143	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure an allegation of abuse was reported to the State Agency (SA) for 1 resident (R) (R1) of 5 sampled residents. On 6/20/26, the facility was informed of an allegation of abuse involving R1. The allegation of abuse was not reported to the SA. Findings include: The facility's Abuse, Neglect and Exploitation Prevention and Reporting Policies and Procedures, revised September 2024, indicate: .It is the responsibility of our employees, attending physicians, family members, visitors, volunteers, contractors, etc., to immediately report any incident or suspected incident of neglect or physical or verbal resident abuse .to the Administrator or designee .6) Upon receiving notification of abuse, witnessed or suspected, the Administrator and/or his/her designee will immediately begin an investigation .The Administrator and/or designee will also report any allegations of abuse immediately or at least within twenty-four (24) hours of receiving the notification to the SA. R1 was admitted to the facility on [DATE] and had diagnoses including metabolic encephalopathy, visual hallucinations, malignant neoplasm of brain, major depressive disorder, anxiety, and post-traumatic stress disorder (PTSD). R1 had an activated Power of Attorney ((POA)-G) to assist them with healthcare decisions. An admission Minimum Data Set (MDS) assessment, dated 5/29/26, stated R1's Brief Interview for Mental Status (BIMS) score was 5 out of 15, indicating severe cognitive impairment. The assessment indicated R1 had hallucinations or delusions in the 7 days prior. R1 was frequently incontinent of bladder, always incontinent of bowel, and required substantial/moderate assistance for toileting hygiene and bed mobility. On 7/9/26 at 10:38 AM, Surveyor interviewed POA-G who stated they informed R1's nurse on 6/20/26 that R1 stated a Certified Nursing Assistant (CNA) entered their room the night before when they were sleeping. R1 stated they could feel the CNA's breath on their neck and the CNA was rubbing up against their body. POA-G stated they told the nurse they wanted an incident report completed and wanted to know why the CNA was in R1's room. POA-G stated R1 was upset about the incident and could still recall the incident after several days. POA-G stated R1 informed them that no one spoke with R1 about the incident. POA-G stated they contacted Social Worker (SW)-I for a copy of the incident report but did not receive any follow-up. On 7/9/26 at 12:57 PM, Surveyor interviewed SW-I who was aware that R1 reported that a CNA brushed up against them. SW-I confirmed POA-G requested a copy of the incident report, but stated there was not one completed yet. SW-I stated Nursing Home Administrator (NHA)-A was aware of the incident and said SW-I only gets involved at the request of NHA-A. On 7/9/26 at 1:01 PM, Surveyor interviewed NHA-A who stated they received a call from Licensed Practical Nurse (LPN)-H on 6/21/26 who reported that POA-G stated R1 was upset because a CNA rubbed up against them and it made them uncomfortable. NHA-A stated they did not report the incident to the SA because it was not an allegation of abuse and POA-G just wanted R1 to not have male caregivers. NHA-A did not speak with R1, POA-G, or the CNA involved regarding the concern. NHA-A stated LPN-H would have talked to R1 and was the only one who spoke with POA-G. NHA-A stated LPN-H was instructed to get a statement from the CNA. On 7/9/26 at 1:14 PM, Surveyor interviewed LPN-H who verified POA-G reported to them on 6/21/26 that R1 was upset because CNA-J rubbed up against them the previous night. LPN-H stated they reported the information to NHA-A who instructed LPN-H to get a statement from CNA-J. LPN-H stated they did not feel it was anything sexual. LPN-H stated they spoke to R1 but did not specifically ask about the concern. LPN-H verified they did not know how R1 felt about the incident because they did not ask R1 or POA-G. On (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Luther Home		STREET ADDRESS, CITY, STATE, ZIP CODE 831 Pine Beach Rd Marinette, WI 54143	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/9/26 at 3:00 PM, Surveyor interviewed CNA-J who stated they were told to write a statement and put it under Assistant Director of Nursing (ADON)-C's door. CNA-J stated they entered R1's room to see if they needed to be changed and turned them during midnight cares. CNA-J stated they were told to stay off the unit but administration did not speak to them about the concern. On 7/9/26 at 2:47 PM, Surveyor interviewed R1 who verified they told POA-G that a CNA entered their room on the night shift and rubbed up against them in bed. R1 stated when they first arrived at the facility, they were not sure what was real and what was not. R1 did not recall staff asking them about the incident. On 7/9/26 at 5:13 PM, Surveyor interviewed NHA-A and Director of Nursing (DON)-B. NHA-A confirmed the incident was not reported to the SA. NHA-A stated if it was an allegation of abuse, NHA-A would have instructed LPN-H to do an investigation and it would have been reported. NHA-A stated they were going on vacation when the information was reported to them. NHA-A stated DON-B is responsible for reporting allegations to the SA when they are on vacation. DON-B stated they were also on vacation at the time of the incident. NHA-A could not state who was responsible for investigating and reporting allegations of abuse in the absence of NHA-A and DON-B.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Luther Home		STREET ADDRESS, CITY, STATE, ZIP CODE 831 Pine Beach Rd Marinette, WI 54143	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure an allegation of abuse was thoroughly investigated for 1 resident (R) (R1) of 5 sampled residents. On 6/20/26, the facility was informed of an allegation of abuse involving R1. The facility did not thoroughly investigate the allegation of abuse. Findings include: The facility's Abuse, Neglect and Exploitation Prevention and Reporting Policies and Procedures, revised September 2024, indicate: .All reports of resident abuse, neglect .shall be immediately and thoroughly investigated .1. Should an incident or suspected incident of abuse, neglect .be reported, the Administrator and/or his/her designee will investigate the alleged incident .2. The individual conducting the investigation will, at a minimum, and when necessary: .b. Review the resident's medical record to determine events leading up to the incident; c. Interview the person(s) reporting the incident; d. Interview any witnesses to the incident; e. Interview the resident (as medically appropriate); f. Interview the resident's physician as needed to determine the resident's current level of cognitive function and medical condition; g. Interview employees (on all shifts) who had contact with the resident during the period of the alleged incident; h. Interview the resident's roommate, family members .; and j. Review all events leading up to the alleged incident .R1 was admitted to the facility on [DATE] and had diagnoses including metabolic encephalopathy, visual hallucinations, malignant neoplasm of brain, major depressive disorder, anxiety, and post-traumatic stress disorder (PTSD). R1 had an activated Power of Attorney ((POA)-G) to assist them with healthcare decisions. An admission Minimum Data Set (MDS) assessment, dated 5/29/26, stated R1's Brief Interview for Mental Status (BIMS) score was 5 out of 15, indicating severe cognitive impairment. The assessment indicated R1 had hallucinations or delusions in the 7 days prior. R1 was frequently incontinent of bladder, always incontinent of bowel, and required substantial/moderate assistance for toileting hygiene and bed mobility. On 7/9/26 at 10:38 AM, Surveyor interviewed POA-G who stated they informed R1's nurse on 6/20/26 that R1 stated a Certified Nursing Assistant (CNA) entered their room the night before when they were sleeping. R1 stated they could feel the CNA's breath on their neck and the CNA was rubbing up against their body. POA-G stated they told the nurse they wanted an incident report completed and wanted to know why the CNA was in R1's room. POA-G stated R1 was upset about the incident and could still recall the incident after several days. POA-G stated R1 informed them that no one spoke to R1 about the incident. POA-G contacted Social Worker (SW)-I for a copy of the incident report but did not receive any follow-up. On 7/9/26 at 12:57 PM, Surveyor interviewed SW-I who was aware R1 reported that a CNA brushed up against them. SW-I verified POA-G requested a copy of the incident report, but stated there was not one completed yet. SW-I stated they were not involved with the investigation and Nursing Home Administrator (NHA)-A would have been involved. On 7/9/26 at 1:01 PM, Surveyor interviewed NHA-A who reported receiving a call from Licensed Practical Nurse (LPN)-H on 6/21/26 that POA-G stated R1 was upset because a CNA rubbed up against them and it made them uncomfortable. NHA-A stated they did not personally speak with R1, POA-G, or the CNA involved about the allegation and LPN-H would have been the one to do so. NHA-A stated LPN-H was instructed to get a statement from the CNA. On 7/9/26 at 1:14 PM, Surveyor interviewed LPN-H who verified POA-G reported to them on 6/21/26 that R1 was upset because CNA-J rubbed up against them the previous night. LPN-H stated they reported the information to NHA-A who instructed them to get a statement from CNA-J. LPN-H stated they did not feel it was anything sexual. LPN-H stated they spoke with R1 but did not specifically ask them or POA-G about the concern and did not know how they felt about the incident. LPN-H stated they told (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Luther Home		STREET ADDRESS, CITY, STATE, ZIP CODE 831 Pine Beach Rd Marinette, WI 54143	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	CNA-J to write a statement, but did not read the statement or obtain statements from any other staff or residents. On 7/9/26 at 3:00 PM, Surveyor interviewed CNA-J who stated they were told to write a statement and put it under Assistant Director of Nursing (ADON)-C's door. CNA-J stated they entered R1's room to see if they needed to be changed and turned R1 during midnight cares. CNA-J stated they were told to stay off the unit, but administration did not speak to CNA-J about the concern and they heard about it from other staff. On 7/9/26 at 2:47 PM, Surveyor interviewed R1 who verified they told POA-G that a CNA entered their room on the night shift and rubbed up against them in bed. R1 stated when they first arrived at the facility, they were not sure what was real and what was not. R1 did not recall staff asking them about the incident. On 7/9/26 at 5:13 PM, Surveyor again interviewed NHA-A who stated it was not allegation of abuse, just that POA-G wanted R1 not to have male caregivers. NHA-A stated if it was an allegation of abuse, NHA-A would have instructed LPN-H to do an investigation. NHA-A confirmed an investigation was not completed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Luther Home		STREET ADDRESS, CITY, STATE, ZIP CODE 831 Pine Beach Rd Marinette, WI 54143	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure the comprehensive care plan contained pertinent hospital discharge instructions for 1 resident (R) (R1) of 5 sampled residents. R1's hospital discharge summary contained instructions to sit for a maximum of one hour while up in their wheelchair for a maximum of 2-3 hours total per day. R1's care plan did not contain the instructions. Findings include: R1 was admitted to the facility on [DATE] and had diagnoses including unstageable pressure injuries resulting from a fall at home and being on the ground for several days. The wounds opened after admission and turned into chronic stage 3/4 buttock pressure injuries which required wound vac therapy. A discharge summary from a hospital stay from 6/9/26 to 6/18/26 related to sepsis and infected pressure injuries included instructions that R1 should only sit up for a maximum of one hour at a time, mainly just for meals and only for a maximum of 2-3 hours total per day. A discharge summary from a hospital stay from 6/27/26 to 7/6/26 related to sepsis and chronic stage 3/4 pressure injuries included instructions that R1 should only sit up for a maximum of one hour at a time, mainly just for meals and only for a maximum of 2-3 hours total per day. R1's care plan did not indicate they should only sit up for a maximum of one hour at a time, mainly just for meals and only for a maximum of 2-3 hours total per day. R1's nursing care card, with hand written updates on 5/22/26, 6/3/26, 6/18/26, and 7/7/26, did not indicate they should only sit up for a maximum of one hour at a time and for a maximum of 2-3 hours per day. On 7/9/26 at 1:25 PM, Surveyor interviewed Registered Nurse (RN)-D and Assistant Director of Nursing (ADON)-C who stated they encourage R1 to only stay in their wheelchair for one hour at a time, but at times R1 does not want to comply. RN-D and ADON-C stated R1 attempts to self-transfer at times. ADON-C and Surveyor reviewed a care card posted inside R1's closet. The care card did not include instructions to sit up for a maximum of one hour at a time and for a maximum of 2-3 hours total per day. ADON-C stated the instructions should have been on the care card. RN-D stated R1 is repositioned every two hours when in bed and is in their wheelchair for meals, therapy, and activities for one hour at a time. RN-D stated the instructions were written somewhere which is why RN-D was aware. RN-D verified the instructions were in R1's discharge summary but not on their care plan or care card. On 7/9/26 at 2:56 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-E who stated they reposition R1 every two hours and try to have R1 sit in the wheelchair for no more than one hour at a time. CNA-E stated they know to do that even though it is not on R1's care card. On 7/9/26 at 3:10 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R1's care plan and care card did not indicate R1 should sit up for a maximum of one hour at a time and for no more than a total of 2-3 hours per day.		