STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525480	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
American Lutheran Home-Menomonie	915 Elm Ave E Menomonie, WI 54751

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not notify the Ombudsman of a resident who was transferred from the facility to a hospital for 1 of 3 residents (R) (R1) reviewed. The facility policy, titled Notification of Changes, dated 03/32/2017, states, The facility will notify the proper parties when changes occur. Under Section 5(a)(1) states in part, The facility will send a copy of the notice to a representative of the office of the State Long-Term Care Ombudsman program when there is an appeal to the discharge decision. R1 was admitted to the facility on [DATE]. On 06/27/25, R1 had a change in condition and was transferred to the hospital. A Bedhold and Notice of Transfer form was provided to R1. On 08/26/2025 at 2:58 PM, Surveyor requested Ombudsman notification of hospital transfer with return anticipated. Social Services C stated a notice was not able to be located for the notification to the Ombudsman for R1's hospital transfer. On 08/27/2025 at 10:47 AM, Surveyor interviewed Nursing Home Administrator (NHA) A who indicated there are different reports in the system involving transfers and discharges and believes the incorrect form that didn't include hospital transfers was sent to Ombudsman and are currently looking into issue at this time. Notice to the Ombudsman was not provided to the Surveyor.

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