

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Amethyst Health of Algoma		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 Fremont St Algoma, WI 54201	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident representative interview and record review, the facility did not ensure a Power of Attorney for Healthcare (POAHC) agreed to a discharge or was notified when 1 resident (R) (R49) of 3 sampled residents was transferred to another skilled nursing facility. R49 was transferred to another skilled nursing facility on 1/7/26. R49's POAHC (POAHC-M) was not notified or contacted prior to the transfer. In addition, R49's medical record did not contain a recapitulation of stay. Findings include: The facility's undated admission Agreement indicates: All transfers or discharges will comply with Wisconsin and federal regulations (42 C.F.R. S483.15 and applicable state codes). The resident may only be transferred or discharged (whether initiated by the facility or resident) for the reasons and under the procedures outlined below .d. In all cases of facility-initiated discharge, the facility will prepare a discharge plan to help ensure a safe and orderly transfer. 4. Discharge Planning and Orientation: The facility will provide sufficient preparation and orientation to the resident to ensure a safe and smooth transfer or discharge. This includes involvement of the resident and representative in discussing discharge options, arranging a post-discharge care plan, and assisting in locating and transferring to an appropriate facility or setting that can meet the resident's needs. The facility's Social Worker or Discharge Planner will work closely on this process . Between 3/23/26 and 3/25/26, Surveyor reviewed R49's medical record. R49 was admitted to the facility on [DATE] and had diagnoses including vascular dementia, diabetes, and right-side paralysis resulting from a cerebral infarction. R49's Minimum Data Set (MDS) assessment, dated 11/4/25, had a Brief Interview for Mental Status (BIMS) score of 5 out of 15 which indicated R49 had severely impaired cognition. R49 had an activated POAHC (POAHC-M) to assist with medical decisions. R49's medical record contained a note that indicated on 1/7/26 at 10:00 AM, R49 was transferred to another facility via a transportation service. POAHC-M and R49's family were not present. R49's medical record did not contain any other notes related to R49's discharge, including a recapitulation of stay. On 3/24/26 at 12:09 PM, Surveyor interviewed POAHC-M who indicated the facility did not include POAHC-M in any discharge planning meetings for R49. POAHC-M stated POAHC-M did not initiate the transfer of R49 to another facility. POAHC-M stated POAHC-M was interested in the facility but had not started a transfer for R49. POAHC-M did not know R49 was transferred to the facility until POAHC-M received a call on 1/7/26 and was told the transfer had already taken place. POAHC-M stated POAHC-M did not receive a call from anyone at the facility from October 2025 through 1/7/26 regarding a potential transfer to a new facility and did not receive or sign paperwork for the transfer. POAHC-M was not aware of a recapitulation of stay for R49. R49's medical record contained a discharge order signed and dated 1/6/26 by R49's physician. The resident/resident representative signature area of the discharge paperwork was blank. On 3/24/26 at 12:31 PM, Surveyor interviewed Social Services and Admission/Discharge Coordinator (SSADC)-N who stated SSADC-N is supposed to work with the resident or their representative during discharge planning. SSADC-N indicated discharge planning should be a part of the resident's care plan, should be updated as discharge plans change, and should be addressed quarterly during care plan meetings with residents and/or resident representatives. (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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>SSADC-N indicated a signed discharge order is obtained from the physician and paperwork is signed by the resident and/or their representative. SSADC-N indicated there should be documentation in R49's medical record regarding discharge communication. SSADC-N verified R49's medical record did not contain discharge communication. SSADC-N confirmed SSADC-N did not contact POAHC-M regarding R49's discharge and did not have POAHC-M sign discharge paperwork. SSADC-N confirmed the facility should have had an accurate discharge plan for R49 with appropriate documentation. SSADC-N indicated SSADC-N dropped the ball on R49's discharge. On 3/25/26 at 2:17 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who acknowledged the discharge process for R49 did not go as it should have and was not done in accordance with the facility's policy.</p>		