

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525592	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Care & Rehab - Ladysmith 1		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 E 11th St N Ladysmith, WI 54848	
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	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report all allegations of neglect to the State Survey Agency within 24 hours for 1 of 2 allegations of abuse, neglect or mistreatment reviewed. On 09/23/25, R1 was discovered without her oxygen on and the facility investigated this as an allegation of neglect. It was not reported to the State Survey Agency until 09/30/25. This is evidenced by: The facility policy titled, Abuse-Alleged Incidents of Caregiver Misconduct and Injuries of Unknown Origin, dated revised 10/24, states in part, all alleged violations, involving abuse neglect exploitation, mistreatment, misappropriation of a resident property or injuries of unknown source are to be reported immediately to the Administrator of the facility no later than 2 hours after the allegation is made. All alleged violations will be reported no later than 24 hours, to other officials including the State Survey Agency. R1 was admitted to the facility on [DATE], with diagnoses including chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, pulmonary fibrosis, and Alzheimer's disease. R1 has been on hospice care since 2023. On 09/22/25, R1 was noted to have a decline in condition including confusion, weakness, increased difficulty breathing, and short jerking movements to bilateral arms and legs. R1's Minimum Data Set assessment (MDS), dated [DATE], indicated a brief interview for mental status (BIMs) was coded as 99 which means it was unable to be completed. R1 was unable to answer any of the questions. Facility documentation reveals that on 09/23/25 at 6:10 AM, morning staff saw R1 without oxygen on and diaphoretic. O2 was 71% on room air. O2 put back on. Raised O2 sats to 89 and 90% on 4 L. Upon discussion, it initially was found to be a situation where it did not rise to the allegation of neglect. On 09/25/25, staff received education on the company policy on abuse and neglect. On 09/26/25, upon further review of the situation with the regional director and after further discussion, a decision was made to report the situation in good faith. On 12/08/25 at 3:00 PM, Surveyor interviewed Nursing Home Administrator (NHA) A who stated she was on leave when the investigation occurred. Surveyor interviewed NHA A about the delay or reason for no initial self-report. NHA A stated the administrator who was working at the time was new and initially it was not looked at as a situation of neglect.</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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