STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525592	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care & Rehab - Ladysmith 1	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 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure a resident representative did not make decisions outside the scope of their role for 1 of 3 residents (R1) reviewed for Power of Attorney for finances from a sample of 5 residents.-No Power of Attorney for finances was listed prior to R1's incapacitation and due to a joint checking account with R1 and R1's Power of Attorney for health care, the facility imposed the financial duties on the Power of Attorney for healthcare.Findings include:According to 2026 Legal Clarity Wisconsin: Wisconsin Power of Attorney for Health Care Requirements, Once activated, your agent steps into your shoes for healthcare decisions. They can consent to or refuse treatments, approve surgeries, and direct the use of life-sustaining procedures, all based on the wishes you expressed in the document or communicated directly. Your agent has priority over any other person - including family members - to make these decisions, as long as providers know the agent is available. The authority is limited to healthcare. Your agent cannot manage your finances, access your bank accounts, or make legal decisions outside of medical care. If you need someone to handle financial matters during incapacity, that requires a separate financial power of attorney under Chapter 244. https://legalclarity.org/wisconsin-power-of-attorney-for-health-care-what-you-need-to-know/R1 was admitted to the facility on [DATE]. Upon admission, R1 signed an admission agreement in which R1 indicated they would be making all financial decisions, and no other representative was listed in case of incapacitation. R1's Brief Interview for Mental Status (BIMS) assessment dated [DATE] documents a score of 4/15 indicating severe cognitive impairment.On 12/30/25 at 2:35 PM, R1's medical record documents a progress note written by Social Services Designee (SSD) F which states: Writer spoke to R1 regarding payor source. R1 has not been enrolled with institutional Medicaid, discussed private pay. R1 asked if writer could call Family Member (FM) C to discuss R1's finances. Writer placed call to FM C regarding private pay beginning 12/12/25, discussed Medicaid, R1 will have to spend down before applying to Medicaid.On 06/24/26 at 11:29 AM, Surveyor interviewed Nursing Home Administrator (NHA) A about the admission agreement for R1. NHA A acknowledged upon admission, R1 was their own person and did not document anyone to take responsibility for finances in case R1 was unable to.SSD F was unavailable for interview.On 01/15/26, R1 was incapacitated by way of 2 physician signatures and R1's POA for healthcare was activated. FM C was listed as R1's POA for healthcare. R1's BIMS score dated 01/22/26 documented a lower score of 3/15 indicating severe cognitive impairment.On 05/05/26, a letter was sent to FM C from NHA A regarding the outstanding balance for R1's stay at the facility. It states in part: If the balance is not brought up at the current timely, we will take additional steps; which may include a 30-day discharge notice.On 06/24/26 at 9:17 AM, Surveyor interviewed FM C about spending down R1's assets and applying for Medicaid. FM C stated FM C is not qualified and not the Power of Attorney (POA) for finances, only healthcare. FM C stated FM C was instructed to apply for Medicaid for R1 by SSD F.On 05/22/26, a letter was sent to FM C from NHA A regarding the continued outstanding balance. NHA A thanked FM C for submitting some payment but stated it had not significantly affected the balance. The letter (continued on next page)

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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F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	states FM C has not made a meaningful attempt to resolve the issue, and this would be the 30-day notice. NHA A wrote the county social services would be contacted in regard to FM C's lack of payment and unwillingness to complete the Medicaid application with appropriate information.On 06/24/26 at 9:17 AM, Surveyor interviewed FM C about receiving this letter, FM C stated FM C was getting the runaround with getting help for applying for Medicaid, and FM C wasn't sure at the time what to do. FM C stated they even used some of their own money to try and help with R1's bill.On 06/24/26 at 11:29 AM, Surveyor interviewed NHA A regarding the letter sent to FM C on 05/22/26. NHA A stated the facility was having a difficult time getting FM C to complete the Medicaid application and make payments.On 05/26/26, a letter was sent to FM C from NHA A regarding the 30-day discharge notice. It reads in part: If the payment is not resolved, you may find yourself providing the care, because it will be impossible to find some other facility to take R1 without your cooperation for payment of services.On 06/24/26 at 11:29 AM, Surveyor interviewed NHA A about the letter sent to FM C on 05/26/26. NHA A stated NHA A was aware the facility could not discharge R1 without a safe place to go and the letter was sent mainly to get FM C to make payments on the bill. NHA A acknowledged NHA A should have worded the letter differently.On 05/29/26, FM C reported a complaint to the State which indicated FM C has been trying to get R1 signed up for Medicaid since November 2025 and has gone through the steps as directed by SSD F but feels like FM C has been left on FM C's own. FM C reported SSD F has not been helping much and has left FM C hanging. FM C stated in the complaint that FM C has used FM C's own money toward the bill. SSD F told FM C when Medicaid gets approved it will be backdated. FM C stated R1 has no assets. FM C reported the facility sent FM C a discharge notice for lack of payment, and FM C does not know what to do.SSD F was unavailable for interview.On 06/24/26 at 9:17 AM, Surveyor interviewed FM C about Medicaid and the discharge notice. FM C stated Medicaid has since been approved and backdated to 03/01/26. FM C stated FM C felt better knowing R1 would be able to stay and there was a payment source in place and a plan for the remaining bill prior to the Medicaid activation. FM C reported to Surveyor that the concern remained regarding why FM C was instructed to do these things as FM C was not the POA for finances.On 06/24/26 at 11:29 AM, Surveyor interviewed NHA A regarding the POA for Finances process. NHA A stated upon admission, the agreement is filled out and there is a place on the form to indicate who will be responsible for finances. If a resident is deemed incapacitated, the person listed on the form would be activated. If there is no one listed, usually a family member would take over. If no family or friends want the responsibility, the facility would reach out to the local resource center or proceed with obtaining guardianship. When asked if FM C was asked about taking on the role, NHA A stated the facility just assumed because FM C has a joint checking account with R1, and has written checks before, that FM C would be the responsible party. When asked if the facility felt FM C was not performing the duties as expected, if it would warrant an alternative responsible party for Finances, NHA A reported yes, the facility should have taken alternate routes.On 05/24/26, Surveyor determined the facility did not take appropriate steps to ensure appropriate responsible party for R1's finances and forced the responsibility upon FM C who was not legally required or qualified to perform the duties.