

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER St Marys Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE 1635 S 21st Street Manitowoc, WI 54220	
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. (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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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure reconciliation of discharge medications for 1 resident (R) (R51) of 2 sampled residents. R51 was private pay status and discharged to an Assisted Living (AL) facility on 8/25/25. Medications were not sent with R51 at the time of discharge. The pharmacy was not able to fill all of R51's medications because some were filled by the nursing facility less than 30 days prior. The facility delivered some medications to R51's AL facility on 8/26/25 but did not have a record of which medications were delivered. R51 missed three doses of a Parkinson's medication. Findings include: The facility's Discharge Planning policy, revised 3/31/17, indicates: .5. Implement Discharge Plan: .f. Communicate discharge plan to appropriate members of the care team. From 12/1/25 to 12/3/25, Surveyor reviewed R51's medical record. R51 was admitted to the facility on [DATE] following a hospital stay from 7/20/25 to 8/5/25 due to respiratory failure secondary to pericardial effusion and possible pneumonia. R51 was intubated during the hospital stay and had a pacemaker installed. R51 had diagnoses including Alzheimer's/dementia, Parkinson's disease, anxiety, depression, congestive heart failure, and pulmonary hypertension. R51 had an activated Power of Attorney for Healthcare ((POAHC)-K). R51 discharged from the facility to an AL facility on 8/25/25. On 12/2/25 at 2:41 PM and 12/4/25 at 9:41 AM, Surveyor interviewed Assisted Living Director (ALD)-M via phone who indicated ALD-M spoke with nursing facility Social Worker (SW)-L via phone and in person when ALD-M dropped off admission paperwork at the nursing facility on Friday (8/21/25) and again via phone on Monday (8/25/25). ALD-M stated ALD-M told SW-L that the AL facility didn't take admissions on Fridays or unless they could get residents' medications. ALD-M indicated POAHC-K wanted to admit R51 as soon as possible, however, ALD-M indicated R51 would be admitted on [DATE]. ALD-M indicated on Friday (8/21/25), ALD-M received a signed medication list from the facility and contacted the pharmacy. The pharmacy indicated they could have R51's medications at the AL facility on Sunday (8/24/25). When ALD-M arrived at work on 8/25/25, there were no medications for R51. ALD-M contacted the pharmacy who indicated R51's nursing facility had already filled the medications and the pharmacy could not re-fill them. ALD-M contacted the nursing facility on 8/25/25 and told SW-L the admission was on hold unless the nursing facility sent medications with R51 because the AL facility could not fill the medications. ALD-M indicated SW-L stated the facility could send the medications; however, R51 did not have the medications when R51 arrived at the AL facility. ALD-M indicated when R51 arrived without medications on the evening of 8/25/25, ALD-M contacted the facility and spoke with someone who stated to call back in the morning because everyone was gone. ALD-M stated a family member went to R51's home that evening and retrieved some of R51's medications. ALD-M notified SW-L on Tuesday (8/26/26) morning that R51's medications weren't sent. ALD-M indicated SW-L stated R51 was in private pay status for a day or two prior to discharge due to an appeal. ALD-M stated the nursing facility eventually found some R51's medications and SW-L drove them to the AL facility after lunch on 8/26/25. ALD-M did not have documentation of which medications were delivered. ALD-M checked R51's Medication Administration Record (MAR) and noted R51 had missed 3 doses of carbidopa levodopa (1 dose on the evening of 8/25/25 and 2 doses on 8/26/26) (used to treat symptoms of Parkinson's disease such as stiffness, tremors, and slowness of movement.) R51 had also missed the PM dose of amantadine on 8/25/25 (used to treat movements related to Parkinson's disease). On 12/2/25 at 1:46 PM, Surveyor interviewed SW-L who did not recall a conversation with the AL facility about medications prior to R51's discharge. After SW-L was notified by ALD-M on 8/26/25 that the AL facility did not have medications to give R51, SW-L delivered prescription cards to ALD-M. SW-L verified R51 was in private pay status on the weekend prior to discharge and indicated prescriptions are sent to the pharmacy and it's between the receiving facility and the family to have them filled. On 12/2/25 at 3:05 PM, Surveyor interviewed Nurse Manager (NM)-I who did not recall any conversations or issues with R51's medications. NM-I indicated the nursing facility does not send medications with residents upon discharge. NM-I indicated orders are sent to the receiving pharmacy and medications that are left at the facility are sent back to the pharmacy to be charged back. On 12/3/25, Surveyor requested a list of medications that were delivered by the nursing facility to the AL facility. Neither facility was unable to provide the information. On 12/3/25 at 9:46 AM, Surveyor interviewed Director of Nursing (DON)-B and NM-I who indicated a Nurse Practitioner e-scribed the medications to the receiving pharmacy. NM-I thought SW-L took pain medications to the AL facility on 8/26/25. DON-B called SW-L who</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 provide restorative therapy to increase and/or prevent decrease in range of motion (ROM) or activities of daily living (ADLs) for 1 resident (R) (R51) of 1 sampled resident. Power of Attorney for Healthcare (POAHC)-K received notice on 8/19/25 that R51's Medicare benefits were ending. Therapy was not provided while POAHC-K pursued an appeal. Findings include: The Notice of Medicare Non-Coverage (NOMNC) form indicates: .You have the right to appeal this decision to end Medicare coverage for your services. This means you'll get an independent medical review right away. Your services will continue during the appeal. From 12/1/25 to 12/3/25, Surveyor reviewed R51's medical record. R51 was admitted to the facility on [DATE] following a hospital stay from 7/20/25 to 8/5/25 where R51 had respiratory failure thought to be secondary to pericardial effusion and possible pneumonia. R51 was intubated and received a pacemaker during the hospital stay. R51 had diagnoses including Alzheimer's disease/dementia, Parkinson's disease, anxiety, depression, congestive heart failure, and pulmonary hypertension. R51 had an activated POAHC (POAHC-K). Therapy records indicated R51 received occupational, physical, and speech therapy during R51's rehabilitation stay at the facility from 8/6/25 through 8/21/25. R51 was on a Medicare Advantage Plan while at the facility. POAHC-K was notified via phone on 8/19/25 of R51's NOMNC form (a form that lets residents/decision makers know that Medicare coverage will be ending and will no longer be a payor source). The NOMNC form gives residents/families a chance to appeal the decision. POAHC-K appealed the decision on 8/19/25. The facility was notified that R51 lost the first level appeal on 8/21/25. On 12/3/25 at 10:10 AM, Surveyor interviewed Therapy Director (TD)-J who indicated R51's last day of therapy was 8/21/25. TD-J indicated if a resident/family chooses to appeal the ending of therapy, therapy's process is to continue to see the resident until the results of the appeal are received. TD-J was not aware there was a second level appeal for R51 and indicated Social Worker (SW)-L or the marketing department usually lets TD-J know if there is a further appeal. TD-J indicated if TD-J had known that a second level appeal was being pursued, R51's therapy would have continued. On 12/3/25 at 1:24 PM, Surveyor interviewed SW-L who was notified on 8/21/25 that R51 lost the first appeal. SW-L indicated the appeal company informed the facility about the level 2 appeal. After SW-L received the information, SW-L and Nurse Manager (NM)-I notified POAHC-K via phone that a second level appeal can take up to 2 weeks and if the appeal is lost, R51 would be liable for any charges starting on 8/22/25. After the conversation, SW-L was under the impression that POAHC-K was going to pursue discharge to an Assisted Living (AL) facility and save R51's money to pay for the AL facility. SW-L thought POAHC-K was going to cancel the level 2 appeal that was in progress and stated AL staff were at the nursing facility on 8/21/25 to assess R51. The facility thought R51 was discharging on 8/21/25; however, R51 did not discharge until 8/25/25. SW-L indicated SW-L usually informs therapy of a level 2 appeal so they knew to continue therapy. Based on the phone conversation with POAHC-K and the information that R51 was discharging to an AL facility, SW-L did not pass the information on. The facility received paperwork on 8/26/25 that indicated R51's level 2 appeal was denied. SW-L indicated if POAHC-K wanted to continue with the level 2 appeal, therapy should have continued. SW-L stated therapy does not usually occur on the day of discharge. SW-L would have encouraged R51 not to discharge because if R51 won the appeal, therapy could not resume if R51 was no longer at the facility. SW-L stated the facility received notice on 10/8/25 that POAHC-K was pursuing a third level of appeal. SW-L did not have documentation of the conversations with POAHC-K. On 12/4/25 at 8:13 AM, Surveyor interviewed POAHC-K via phone who recalled a phone conversation with SW-L about the level 2 appeal. POAHC-K indicated POAHC-K had no intention of stopping the second level appeal and chose to continue the discharge R51 had to leave or pay privately. POAHC-K indicated therapy should have continued until R51 discharged .</p>		