

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER Park Manor Ltd		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Lawrence Ave Park Falls, WI 54552	
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 - Some	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 provide Notice of Bedhold and Notice of Transfer to a resident or resident representative who were transferred from the facility to a hospital for 4 of 4 residents (R) (R4, R20, R33 and R34). Example 1 R4 was admitted to the facility on [DATE] and has an Activated Power of Attorney (APOA). On 06/11/25, R4 had a change in condition that required being sent to emergency room (ER). The facility contacted R4's APOA and left a voicemail regarding change in condition. The facility was unable to provide documentation to support that the APOA was provided a Notice of Bedhold or Notice of Transfer. On 07/08/25, R4 had a change in condition that required being sent to emergency room (ER) and subsequently admitted to hospital. The facility contacted R4's APOA who gave consent to send to hospital. The facility was unable to provide documentation to support that the APOA was provided a Notice of Bedhold or Notice of Transfer. On 07/17/25, R4 had a change in condition that required being sent to emergency room (ER). The facility contacted R4's APOA who gave consent to send to hospital. The facility was unable to provide documentation to support that the APOA was provided a Notice of Bedhold or Notice of Transfer. On 09/09/2025 at 2:15 P.M, Surveyor interviewed Nursing Home Administrator (NHA) A who requested Surveyor come to office to discuss facility resident transfers. NHA A showed Surveyor a Performance Improvement Project Worksheet named DC Planning/DC Process. Date initiated 03/23/25 and target completion date of 07/31/25 for licensed nurses to utilize when there is a resident discharge/transfer. NHA A stated facility has not educated all nurses on expectations as of survey date regarding the process. NHA A shared with Surveyor a Nursing Discharge Checklist dated 07/31/25 that under the section titled Day of Discharge (unplanned DC) indicates Complete a Progress Note (Transfer to ER/Hospital Summary) in Point Click Care regarding the discharge. Include the language Bed Hold Notice was provided to _____ within the note and all completed notifications regarding the discharge. Example 2 R20 was admitted to facility on 02/21/2025, diagnosis include displaced fracture of base of neck of (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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	right femur, subsequent encounter for wedge compression fracture of T11-T12 Vertebra. R20 has a BIMS score of 13/15, meaning R20 is cognitively intact. R20 makes own health care decisions. On 09/09/25, record review showed R20 transferred to the Emergency Department (ED) on 5/12/25 and 5/23/25. Bed hold notice is in medical record without a resident signature for 05/12/25 event. On 09/10/25, further record review noted nursing progress note, dated 05/12/25, stated .writer did place a call to Dr ., reported increased discomfort (from fall in room). Order received to transfer to ED for work up. Resident agreeable. Writer did also call . [R20's daughter] again, she is aware and in agreement. On 09/10/25, record review noted nursing progress note, dated 05/23/25, stated Dr.called re: CT scan results. Resident does have a T12 fracture .he will need to be fitted for back brace .now ordered resident to be seen at ED for evaluation and possible admit to hospital. Resident and daughter .aware and in agreement. Unsure if resident will return to facility. On 09/10/25 at 9:00 AM, Surveyor interviewed R20 if bed hold notice was provided prior to transfers to ED for dates 05/12/25 and 05/23/25, and R20 stated no bed hold information was offered. Example 3 R33 was admitted to the facility on [DATE] and diagnoses included heart failure. R33's most recent MDS assessment confirmed R33 scored 12/15 during BIMS, indicating intact cognition. R33 makes her own health care decisions. On 09/09/25, Surveyor reviewed R33's record and noted R33 was transferred to the ER on [DATE], 03/19/25, and 08/26/25. Surveyor reviewed bed hold notices in R33's record and noted bed hold did not include a signature. On 09/09/25, Surveyor requested additional documentation R33 was provided with notice of bed hold for ER transfers on 03/09/25, 03/19/25, and 08/26/25. On 09/10/25, the facility provided the following progress notes: -03/09/25, Writer contacted emergency contact daughter [name] updated on transfer to ER. -03/19/25, Left message for daughter, [name] of resident status. -08/26/25, Writer spoke with daughter, and she is aware of the fall and resident being transferred to the ER. On 09/10/25 at 6:59 AM, Surveyor interviewed Registered Nurse (RN) C. RN C stated the facility does provide notice of bed hold at the time of transfer. RN C was not able to describe the process or where the notice of bed hold could be found. On 09/10/25 at 8:25 AM, Surveyor interviewed R33. R33 stated she did not receive a notice for bed hold for any ER transfers. R33 stated maybe the facility called her daughter, but her daughter had not said anything to her. (continued on next page)		

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