

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION This was a risk-based inspection, not a standard inspection. A risk-based inspection is a shorter visit by a smaller inspection team and is only done for high-performing facilities.	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER Villa Marina Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 35 N 28th St Superior, WI 54880	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that an allegation of misappropriation of money was thoroughly investigated for 1 of 2 residents (R) reviewed (R63) out of 5 sampled residents. On 05/15/26, the facility was made aware of R63's allegation of missing money. The facility did not complete interviews with all staff and residents to ensure a thorough investigation into the allegation. This is evidenced by: Facility's policy titled Resident Abuse-Prevention/Investigation with the revised date of February 2026, documented 1. The Administrator, Director of Nursing/Charge Nurse and/or the Social Worker will conduct an in-depth investigation, when the initial investigation determined that misconduct did occur or is still suspected. Interviewing other residents to determine if they have been abused or mistreated. Interviewing staff who worked the same shift as the accused to determine if they ever witnessed any mistreatment by the accused. Interviewing staff who worked previous shifts to determine if they were aware of an injury or incident. R63 was admitted to the facility on [DATE]. R63's current diagnoses of cerebral infarction and quadriplegia C5-C7. On 04/23/26, the Minimum data Set (MDS) assessment documented a Brief Interview of Mental Status (BIMS) score of 13/15, meaning cognitively intact. Review of facility's reported incident documented on Friday 05/15/26, R63 notified staff they realized between 05/02/26 and 5/15/26, they were missing cash from their envelope that they keep in their bedside drawer. On 5/18/26, Social Services Director (SSD) C was notified that the laundry staff found \$60 in the dryer after washing some of R63's clothing. R63's room search was completed, staff interviewed, and police notified. SSD C spoke to R63, offering \$60 as well as checking pockets of R63's clothing to ensure rest of the cash wasn't in R63's pockets. R63 declined all offered as they told SSD C that money is not his and he would have never put cash in their pockets, therefore no need to check clothing. R63 also declined another search of room. Surveyor noted the facility's investigation did not complete interviews with laundry staff and other facility staff. The investigation did not include interviews with residents to identify additional resident concerns about missing money. On 07/06/26 at 11:45 AM, Surveyor interviewed R63 about missing money. R63 stated they have no issues with money missing. Money went missing and facility reimbursed them and gave them a lock box so that they could take the key when they left the room. R63 had no idea who took the money. R63 stated it's been taken care of and has no further concerns. Never happened before or after. On 07/06/2026 1:56 PM, Surveyor interviewed SSD C about R63's report of missing money. SSD C stated they got a mix of interviews with staff and would leave the questionnaire out for staff to answer and give to SSD C. Laundry found \$60.00 in the dryer with his clothes. Went to give the money to R63 and R63 stated the \$60.00 was not theirs and would never put their money in pockets. R63 would not let SSD C check their room again. Didn't suspect foul play and not sure if money was left in pockets or given to family. R63 refused SSD C to contact family about the missing money. Surveyor asked SSD C if they had (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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	talked with other resident to see if they were missing money. SSD C can't recall off the top of their head if talked to other residents. SSD C talked with laundry/housekeeping supervisor about the missing money, and they were going to talk with their staff. SSD C stated would have talked to other residents but there were no other reports or grievances of missing money. R63 was reimbursed. SSD C stated Nursing Home Administrator (NHA) A talked with police when this first occurred. On 07/06/26 at 2:15 PM, Surveyor interviewed NHA A asking if the facility's investigation of missing money should have included interviews of residents to identify additional concerns. NHA A stated other residents should be interviewed. Policy and grievance reporting requires staff and residents to be interviewed. Surveyor asked if for this incident other resident interviews should be expected. NHA A stated it is expected other residents to be interviewed. On 07/06/26 at 2:53 PM, Surveyor interviewed NHA A asking if interviews with residents if they were missing money when the \$60.00 was found. NHA A stated they did ask residents and staff, and no one claimed to be missing money. NHA did not write those interviews down of which residents that were asked. On 07/07/2026 at 7:25 AM, Surveyor interviewed Certified Nursing Assistant (CNA) D about facility staff asking residents if they are missing money. CNA D stated they don't know of any other residents missing money. On 07/07/2026 at 7:30 AM, Surveyor interviewed Licensed Practical Nurse (LPN) F about residents being asked about missing money. LPN F stated staff were being asked if they knew of anyone missing \$60.00. They never heard of missing money being an issue and if we know a resident has money, they are encouraged to put the money in the facility account. On 07/07/26 at 8:45 AM, Surveyor interviewed SSD C about investigation of the found \$60.00. SSD C stated it was assumed that it was R63's money and no other residents were asked. On 07/07/26 at 9:03 AM, Surveyor interviewed Dietary/Laundry Manager (DM) H about R63 missing money and staff being interviewed. DM H stated staff are given a form from SSD C to fill out about missing items. Staff did find money in the dryer. The dryer had R63's laundry and residents from the same wing. DM H stated can't say if all staff had filled out the forms this would be kept track by SSD C. There has been a change in staff since May, and they get trained in abuse, neglect and misappropriation of property. Not aware of residents stating to staff of missing money. On 07/07/26 at 9:37 AM, Surveyor interviewed CNA E about facility staff asking residents about missing money. CNA E stated we never had a problem of missing money. Don't think the facility asked other residents if they were missing money. There was a form for staff to fill out by SSD C about missing money. On 07/07/26 at 11:06 AM, Surveyor interviewed Director of Nursing (DON) B asking when R63 reported missing money if staff and resident interviews were completed. DON B stated staff interview sheets were started and talked with R63. SSD C keeps track of all interviews. On 07/07/26 at 11:39 AM, Surveyor interviewed NHA A about the investigation with R63's missing money and the investigation was not complete when all staff and residents were not interviewed. NHA A stated they have identified there are missing interviews and are currently working with SSD C to ensure a thorough investigation is completed.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure to accurately code the Minimum Data Set (MDS) assessments for 1 of 5 sampled residents (R) reviewed. (R54) The facility did not complete a discharge MDS when R54 was discharged from the facility on 04/03/26. This is evidenced by: The facility policy titled MDS Completion and Submission Timeframes with the revised date of September 2010 documented The Assessment Coordinator or Designee shall be responsible for entering that resident assessments are submitted to CMS' QIES Assessment Submission and Processing (ASAP) system in accordance with current federal and state guideline. Discharge Assessment - return not anticipated: the facility has the discharge date plus 14 calendar days to complete the assessment and then an additional 14 calendars to send the transmission to CMS. R54 was admitted to the facility on [DATE] and discharged on 04/03/26. R54's medical record documented MDS was completed on 02/24/26 an entry assessment and on 03/02/26 a scheduled 5-day assessment. The computer system documented Discharge Assessment Late OBRA ARD DUE DATE: 04/03/2026 Completion Due Date: 04/17/2026. On 04/03/2026 at 12:41 PM, R54's nursing progress notes documented discharge: [R54] is discharged home today via his sister and brother-in-law. All belongings packed up and left with resident. On 07/07/26 at 7:41 AM, Surveyor interviewed Registered Nurse (RN) G, the MDS coordinator asking if R54 should have a discharge MDS completed when discharged on 4/3/26. RN G stated when R54 was discharged RN G was off and should have been caught when they returned to work. RN G checked the computer system and verified the discharge MDS was not completed. RN G checked their record keeping of planned discharges and R54 was not on the list of planned discharges. RN G stated that when the computer system discharges a resident the MDS report the computer system generates would not have discharges to be scheduled and only goes back 31 days. RN G stated they missed doing R54's discharge MDS. On 07/07/26 at 9:12 AM, Surveyor interviewed Nursing Home Administrator (NHA) A about their discharge MDS process. NHA A indicated a discharge MDS should be completed when the discharge occurred. Surveyor reviewed with NHA A of R54's missed discharge MDS. NHA A stated there should be a process to ensure they are not missed.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not conduct a Preadmission Screening and Resident Review (PASRR) Level II screen for R9, who has a serious mental disorder and is taking psychotropic medication to treat symptoms of major mental disorder to ensure they receive care and services in the most integrated setting appropriate to their needs. The facility practice affected 1 of 1 resident reviewed (R9) out of 5 sampled residents. Findings include: Surveyor reviewed the facility policy titled, PASSRR-Pre-admission Screening and Resident Review, read in part, If the potential admission has a MI (mental illness) or ID (intellectual disability) diagnosis and are coming for more than 30 days, Level I and other pertinent information will be sent to [Behavioral Consulting Services] prior to admission to conduct a Level II screen and approve admit. R9 was admitted [DATE], with diagnoses including post traumatic stress disorder (PTSD). Surveyor reviewed R9's record and noted their physician orders included Seroquel for treatment of PTSD, since their admission. Surveyor reviewed R9's record and located a Level I PASARR screening dated 05/20/26, noting R9 has a major mental disorder and has taken psychotropic medications to treat symptoms or behaviors of a major mental disorder. Surveyor reviewed R9's record and could not locate a Level II PASRR screening. On 07/06/26 at approximately 12:30 PM, Surveyor interviewed R9. R9 did not know about PASSRRs related to their admission. R9 did not report any negative outcome. On 07/06/26 at 1:50 PM, Surveyor interviewed Social Services Director (SSD) C, who is responsible in part for the facility's PASRR screening process. SSD C stated a positive PASSRR I would indicate a level II to be completed and referred to the appropriate behavioral health consulting agency. SSD C stated PTSD would be a diagnosis which would trigger a PASSRR II. Surveyor and SSD C reviewed R9's PASSRR I and SSD C stated a PASSRR II should have been completed, but she was not sure why. SSD C stated she would check R9's record and provide an update. SSD C updated Surveyor and stated R9's PASSRR II was missed and not completed, and she would correct this. On 07/07/26 at 11:30 AM, Surveyor updated Nursing Home Administrator (NHA) A of the deficient practice. NHA A agreed this was a deficient practice and did not have additional questions.		