

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525678	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2026
NAME OF PROVIDER OR SUPPLIER Careview Health and Rehab of Minocqua		STREET ADDRESS, CITY, STATE, ZIP CODE 9969 Old Hwy 70 Rd Minocqua, WI 54548	
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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 of 3 residents (R) out of a sample size of 6 residents reviewed for conveyance of resident funds, had funds returned to the Power of Attorney (POA), family, or estate within 30 days of resident death. The facility did not refund R6's funds to POA within 30 days of discharge from facility. Findings include: R6 was admitted to the facility on [DATE] under Hospice Private Pay and the facility was provided with a check for \$8500.00. On 04/08/26, R6 discharged from facility to home under care of an outside Hospice entity. On 06/22/26, the state agency received a complaint from Spouse F of delay in receiving reimbursement on this date for the 1-day admission in early April 2026 after providing facility with a deposit of \$8500.00. On 07/09/26, Surveyor interviewed R4 and R5 who had no concerns regarding billing from facility. On 07/09/26 at 12:30 PM, Surveyor interviewed NHA A regarding the process for issuing reimbursement check to family and residents. NHA A stated that a request for reimbursement is sent to the corporate accounts payable department, and the 10th of the month is end or prior month's billing cycle and can take anywhere from 30 to 60 days. NHA A looked into the facility's computer system and stated that a check was cut on 06/12/26 and could see that the check was cashed on 06/22/26. Surveyor interviewed NHA A why the long delay between R6 discharge and receipt of check. NHA A was not aware of the reason but stated there were changes in accounts payable personnel and the facility's business office manager during this time period.		

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