

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525681	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2025
NAME OF PROVIDER OR SUPPLIER  Nazareth Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  814 Jackson St Stoughton, WI 53589	

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)
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50228</p> <p>Based on interview and record review the facility did not provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 1 of 4 residents (R5) reviewed for equipment.</p> <p>R5 requested a referral for a new wheelchair for use out of the building. The facility did not follow up with the outside vendor in a timely manner.</p> <p>Evidenced by:</p> <p>The facility's Social Worker Job Description, undated, states, in part: .The Social Worker will also assist residents and their representatives in locating and accessing financial, legal, and other community resources. Accurately and completely document social service actions and interactions in each resident's medical record .</p> <p>Surveyor requested facility policy for requisition of wheelchairs. No policy provided.</p> <p>R5 admitted to the facility on [DATE] and has diagnoses that include, in part: Parkinsonism (a group of movement disorders characterized by symptoms including tremor, rigidity, slow movements, and postural instability/inability to maintain body balance), abnormalities of gait and mobility, low back pain, weakness, and depression (a mental health condition characterized by persistent feelings of sadness, loss of interest, and low energy levels).</p> <p>R5's MDS (Minimum Data Set), with target date of 3/7/25, indicates a BIMS (Brief Interview of Mental Status) score of 15, indicating that R5 is cognitively intact. It also indicates that R5 uses a wheelchair for mobility.</p> <p>R5's Social Service Note, dated 1/23/25, states: WVOS H (Wheelchair Vendor Operations Supervisor) called. Vendor received the order from doctor's office, but also stated that she has the original order that I sent in November. She stated that vendor did not open the order in November because they were not able to fill the order. This is because R5 resides in a skilled level of care facility and already has a wheelchair, so it is not a necessity that they could bill Medicare for.</p> <p>(continued on next page)</p>

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/1/25 at 1:07 PM, Surveyor interviewed R5 and asked about R5's wheelchair. R5 stated the wheelchair doesn't fold so it can't be taken anywhere. R5 stated that when going out of the facility, R5 uses a borrowed poor one. R5 clarified by stating that R5 is crammed into the chair; the seat is too small and the foot pedals are too close. R5 stated there has been work on getting a new chair since August 2024, but no new chair is yet in place. R5 stated there was approval from Occupational Therapy, but apparently that is not enough, as R5 is still waiting. R5 stated it is frustrating.</p> <p>On 4/1/25 at 1:29 PM, Surveyor interviewed OT D (Occupational Therapist) and DOR E (Director of Rehab) and asked about process for getting a new wheelchair. OT D stated a letter of recommendation is written with justification for the chair along with measurements. The recommendation is sent from DOR E to SSD F (Social Services Director) for processing. Generally, chairs are ordered a few days before a resident discharges from the facility and arrive prior to the discharge. Surveyor asked if R5 was looking for a new chair. DOR E stated yes, RR G (Resident Representative) was asking about a new chair and trying to assist R5 with the process, but was running into road blocks. DOR E stated there was some lack of communication between RR G and SSD F. Surveyor asked if a letter of recommendation was written for a new chair. OT D stated yes, two or three letters had been written and forwarded to SSD E. Surveyor asked if there was follow up communication after the letters of recommendation had been submitted. OT D stated that OT D had spoken with SSD F on a couple occasions and was told that SSD F had spoken to the vendor, but was waiting for further information. DOR E stated that the status of the chair would be talked about at Medicare meetings and SSD F would state that SSD F was still waiting on response from the vendor.</p> <p>On 4/1/25 at 2:27 PM, Surveyor interviewed WV C (Wheelchair Vendor) and asked about a referral for R5. WV C stated there was a referral on 1/23/25. Surveyor asked if there had been any referrals prior to 1/23/25. WV C stated no. Surveyor asked if a referral was made into another office of their company, would WV C be aware. WC V stated yes, all referrals are documented in the same system, no matter which office.</p> <p>On 4/2/25 at 9:03 AM, Surveyor interviewed SSD F and asked about the process for getting a new wheelchair. SSD F stated a referral letter from therapy is written, an order is obtained, and the paperwork is submitted to a DME (Durable Medical Equipment) vendor. Surveyor asked how soon after the referral is the paperwork sent to the vendor. SSD F stated right away. Surveyor asked if residents living in a SNF (skilled nursing facility) qualify for a new chair. SSD F stated it depends; if the resident has their own, functional equipment, they may not qualify, but sometimes they will. Surveyor asked if R5 was looking for a new chair. SSD F stated yes, the chair that he has doesn't fold properly to fit into RR G's car; RR G saw a chair on the internet and asked us to send in a referral. The referral was sent to a local vendor and was denied due to not being in network. SSD F stated that SSD F then contacted R5's managed care organization for assistance and was advised to send a referral to another vendor. SSD F shared a fax cover letter to the new vendor with a fax date of 11/8/24 and refax of 11/9/24. Surveyor asked why the cover letter stated it had been refaxed. SSD F stated the vendor had not received it. SSD F stated that SSD F spoke with WVOS H on 1/23/25 and WVOS H had indicated that an order had come from a physician's office and would not be filled due to resident living in SNF. Surveyor asked if there was any correspondence with vendor between 11/9/24 and 1/23/25. SSD F stated I believe I may have left messages. Surveyor asked for any documentation of communication attempts with vendor. SSD F stated there was no documentation. Surveyor asked if R5 or RR G were updated on the status of the chair. SSD F stated that SSD F told R5 in passing. Surveyor asked if there was documentation of R5 being updated. SSD F stated no.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/2/25 at 10:04 AM, Surveyor interviewed WVOS H and asked about a referral for a wheelchair for R5. WVOS H stated that a referral was made on 1/23/25. Surveyor asked if there had been a referral prior to 1/23/25. WVOS H stated that sometimes referrals are received, and the vendor is not able to fill the order, so the referral is not opened in the vendor's system. If the order is not opened in the system, the SNF would be notified that the order could not be filled. WVOS H stated that all received faxes are kept for a year whether they are opened or not and that all received faxes from October 2024 through December 2024 had been reviewed and that no referral for R5 was found.</p> <p>On 4/2/25 at 1:21 PM, Surveyor interviewed NHA A (Nursing Home Administrator) and asked if a resident/resident representative asked for a wheelchair referral to be sent to a vendor, should it be sent. NHA A stated yes. Surveyor asked how soon a referral written by therapy should be sent to the vendor. NHA A stated right away. Surveyor asked if a referral is sent and there is no response from vendor, would the facility be expected to follow up with vendor about the status. NHA A stated yes, that would be reasonable. Surveyor asked if a fax letter was dated 11/9/24, would follow up be expected prior to 1/23/25. NHA A stated yes. Surveyor asked if there should be documentation of the referral and follow up. NHA A stated yes.</p> <p>R5 requested a referral for a new wheelchair for use out of the building. The facility did not follow up with the outside vendor in a timely manner.</p>