STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525710	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care & Rehab - Ladysmith 2	1001 E 11th St N Ladysmith, WI 54848

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 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 1 resident (R) reviewed. (R1) R1's comprehensive MDS assessment indicated a PASARR level 2 screen had not been completed. R1's medical record included a PASARR screen was completed on 2/17/25. This is evidenced by: On 05/05/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including depression, post-traumatic stress disorder, dementia with anxiety, adjustment disorder, anxiety disorder, and other psychotic disorders.Annual MDS (Minimum Data Set) dated 12/30/25 documented section A1500 as No for currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. Active diagnoses listed in Section I were coded for Non-Alzheimer's dementia, anxiety disorder, depression, and Post Traumatic Stress Disorder (PTSD).On 05/05/26 at 12:12 PM, Surveyor interviewed Nursing Home Administrator (NHA) A about a PASARR level 2 being completed. NHA A stated there was a level 2 completed and the MDS was coded in error, the MDS will be corrected. NHA A provided R1's PASARR level 2 screen that was completed on 02/17/25.

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