

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER WI Veterans Home Moses Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Cumberlidge Ave King, WI 54946	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of misappropriation was thoroughly investigated for 1 resident (R) (R73) of 3 sampled residents.</p> <p>On 12/19/24, R73 reported that \$150 was missing from R73's room. The facility did not thoroughly investigate the allegation of misappropriation.</p> <p>Findings include:</p> <p>The facility's Prohibition and Prevention of Member Abuse, Neglect, and Exploitation policy, dated 7/2/24, indicates: .To protect the member's right to be free from abuse, neglect, exploitation, and misappropriation of member's property .4. The nursing supervisor or facility administrator immediately initiates initial reporting and conducts a thorough investigation .8. A list of possible witnesses is given to the nursing supervisor as soon as possible .8.2. The Registered Nurses (RNs) follow-up with all staff who were on duty and may have provided care for the affected member at the time of discovery and during the two previous shifts .9. The nursing supervisor continues the investigation by potentially implementing additional interventions to maintain member safety; further investigation may include: .9.3. Interviewing the alleged victim, witnesses, accused individuals, and other members and staff .</p> <p>On 3/17/25, Surveyor reviewed R73's medical record. R73 was admitted to the facility on [DATE] and had diagnoses including multiple sclerosis and unspecified dementia without behavioral disturbance. R73's Minimum Data Set (MDS) assessment, dated 1/22/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R73 was not cognitively impaired. R73 had a Power of Attorney for Healthcare (POAHC) who was responsible for R73's healthcare decisions.</p> <p>On 3/17/25, Surveyor reviewed an investigation regarding R73's allegation of missing money. The investigation indicated R73 withdrew money from a bank account on the morning of 12/18/24 for a shopping trip on 12/19/24. R73 refused to have the money securely stored on the night of 12/18/24. When R73 left for the shopping trip on 12/19/24, the money was no longer in the bank envelope. The investigation included an Initial Statement Related to Incident form that contained nine staff names and signatures under the statement, I have no knowledge regarding this incident. Four of the signatures were dated 12/19/24, one signature was dated 12/20/24, two signatures were dated 12/24/24, one signature was dated 12/25/24, and one signature was undated. The investigation also included a Statement Related to Incident, dated 12/19/24, that indicated a staff member had reported R73's missing money to an RN on 12/19/24.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/17/25 at 12:09 PM, Surveyor interviewed Commandant (CMD)-C who (following a review of the investigation with Surveyor) verified all staff who had access to R73's room should have been interviewed during the timeframe in question.</p> <p>On 3/17/25 at 1:13 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B sent an email to CMD-C to be printed for Surveyor. DON-B verified all staff named in the email should have been interviewed regarding R73's missing money. DON-B verified not all staff were interviewed according to the investigation.</p> <p>On 3/17/25, Surveyor reviewed staffing documents from 12/18/24 and 12/19/24 along with an email from DON-B that explained which staff were assigned to R73's unit and on which shift on 12/18/24 and 12/19/24. Of the staff who had access to R73's room during the AM shift on 12/18/24 and 12/19/24, the PM shift on 12/18/24, and the night(NOC) shift from 12/18/24 to 12/19/24, four staff were not interviewed during the investigation.</p>		