

Richland County
Pine Valley Sub-Committee

Date Posted: April 15, 2025

NOTICE OF MEETING

Please be advised that the Richland County Pine Valley Sub-Committee will convene on Monday, April 21, 2025 at 6:00 pm in the Richland County Board Room of the Courthouse at 181 West Seminary Street, Richland Center, WI 53581.

Information for attending the meeting virtually (if available) can be found at the following link:

<https://administrator.co.richland.wi.us/minutes/pine-valley-committee>

If you have any trouble accessing the meeting, please contact MIS Support at 608-649-4371 (phone) or mis@co.richland.wi.us (email).

AGENDA

1. Call to Order
2. Roll Call
3. Approval of Agenda and Verification of Posting
4. Approval of Minutes of the March 17, 2025 Pine Valley Sub-Committee Meeting
5. Public Comment
6. Pine Valley Census Recap
7. Pine Valley Financials
 - a. Statement of Operations and Balance Sheet
 - b. Accounts Receivable Trend Report
 - c. Cash Flow
 - d. Consideration of Vouchers
 - e. Aging Report
8. Administrator's Report:
 - a. Staffing Updates
 - b. Resident Activities
 - c. Emergency Drills/Training
 - d. State Results/Response
9. Adjourn

A quorum may be present from other Committees, Boards, or Commissions. No committee, board or commission will exercise any responsibilities, authority or duties except for the Pine Valley Sub-Committee.

Richland County
Pine Valley Sub Committee

The Richland County Pine Valley Committee convened on Monday, March 17, 2025 in person and virtually at 6:00 PM in the County Boardroom of the Richland County Courthouse.

Call to Order: Committee Co- Chair Mark Gill called the meeting to order at 6:00PM.

Committee members present: Mary Miller, Marc Couey, Sandra Kramer, Mark Gill, & Pat Rippchen.

Committee member(s) absent: Gary Manning.

County Board Members present: Alayne Hendricks.

Attendants: Staff present include Brittany Paulus, Pine Valley Administrator; Mari Wipperfurth, Business Office Manager; Angela Wall, Human Resource Generalist

Approval of Agenda and Verification of Posting: Motion by Sandra Kramer second by Marc Couey to approve agenda. Motion carried and agenda declared approved. It was confirmed the meeting had been properly noticed.

Approval of Minutes of the February 17, 2025 Pine Valley Sub-Committee Meeting: Approved

Public Comment: None

Pine Valley Financials – Accounts Receivable Trend Report: Mari reviewed the account receivable trend report, which included correction to the amounts previously reported for the months September 2024- January 2025. An update had been made to the denominator which resulted in a Daily Revenue Cost below 40 for each month of the corrected period, with the month of February's being 37.62. Target is to be below 40.

Pine Valley Financials- Consideration of Vouchers: Mari highlighted cash receipts for February of \$884,431.50 with expenses amounting to \$806,041.79. Mari then highlighted several checks and welcomed questions. Mary Miller inquired about PV's annual payment to the county and when the loan will be paid off. Marc Couey referenced the County Budget as being a source of information re: Debt Service, noting it appears the debt is scheduled to be paid off in 2036. Staffing expenses were also inquired about and discussed.

Pine Valley Financial- Pine Valley Census Recap-Financial Report: Brittany reviewed the census report for February highlighting the SNF census average of 68/ day which is what we the SNF side is budgeted for. CBRF Census averaged 16/day.

Administrator's Report: Administrator touched base on the following: We are working on improving our staffing, going to job fairs, connecting with local colleges to see about partnering with them to get staff and be able to further the education with the help of the facility. We are currently getting survey ready for the annual. QAPI plan has been completed and currently working on the facility assessment. We had state survey in the building today for 6 complaints, 4 unsubstantiated, 2 citations- working on POC. Qapi is Thursday to review policies and state citations. Pat Rippchen will be there.

Adjourn: Motion by Couey second by Kramer to adjourn. Motion carried and meeting adjourned at 6:27 PM.

Brittany Paulus, Pine Valley Administrator

End of Month Data 2025

Month:

Mar-25

SNF

Medicare
& Med Adv
& Medicare
budget
days

	SNF Average Census	CBRF Budget	CBRF Ave Censu	SNF Admissions	CBRF Admission	SNF Discharges	CBRF Discharge	SNF Deaths	CBRF Death	SNF D/C Home	CBRF D/C home	SNF D/C Other	CBRF D/C other	Average Census	
JAN	64	14.75	16	13	1	6	1	3	0	5	0	1	1	11.5	11
FEB	64	14.75	15	6	1	5	1	0	0	5	0	0	1	11	11
MAR	66	14.75	15	12	0	8	0	3	0	8	0	0	0	10	11
APRIL	64	14.75													11
MAY	64	14.75													11
JUNE	64	14.75													11
JULY	64	14.75													11
AUG	64	14.75													11
SEPT	64	14.75													11
OCT	64	14.75													11
NOV	64	14.75													11
DEC	64	14.75													11
Total	198		46	31	2	19	2	6	0	18	0	1	2	32.5	
2025 Month Avg	66.0		15.3	10.3	0.7	6.3	0.7	2.0	0.0	6.0	0.0	0.3	0.7	10.8	
2024 Total	720		191	117	5	83	4	25	0	68	1	15	3	107.5	
2024 Month Avg	60		15.9	9.8	0.4	6.9	0.3	2.1	0	5.6	0.1	1.3	0.3	9	

NOTE: CBRF Budget includes 12.75 Private Pay and 2 FC Pay

2025 Pine Valley Community Village Census

Month	Beginning	End	High	Low	Average	CBRF Avg
January	63	66	66	61	64	16
February	66	64	70	64	68	15
March	64	65	70	63	66	15
April						
May						
June						
July						
August						
September						
October						
November						
December						

PINE VALLEY COMMUNITY VILLAGE

FINANCIAL STATEMENTS

March 2025

DISTRIBUTION:

MARY MILLER

MARK GILL

SANDRA KRAMER

GARY MANNING

MARC COUEY

PAT RIPPCHEN

BRITTANY PAULUS

DEREK KALISH

JOSH ELDER

Pine Valley Community Village
Balance Sheet
March 31, 2025

Assets

Current Asset

Cash

10010 Cash - Operating	1,018,703.27
10015 Cash - Petty	825.00
10040 Cash-Designated Fund-Capital Impr	1,001,249.10
10042 Cash-Designated Fund-Debt Service	725,000.00
Total Cash	\$ 2,745,777.37

Patient Trust Funds

10060 Patient Trust Fund - Checking	18,366.69
10065 Patient Trust Fund-Cash	(110.72)
Total Patient Trust Funds	\$ 18,255.97

Accounts Receivable

10100 A/R - Private	124,524.74
10200 A/R - Medicaid	392,509.14
10300 A/R - Medicare Part A	183,057.90
10350 A/R - Medicare Advantage	134,338.95
10400 A/R - Medicare Part B	4,705.36
10500 A/R - Co Insurance Part A	71,020.50
10600 A/R - Co Insurance Part B	9,955.55
10650 A/R - Family Care	96,447.51
10850 A/R - Patient Liability	61,213.00
10860 A/R - Assisted Living	28,658.80
11200 A/R-Hospice Medicaid	38,264.81
12000 A/R Allowance for Doubtful Accts	(35,339.41)
Total Accounts Receivable	\$ 1,109,356.85

Inventory

14100 Supplies - Medical	22,043.59
14200 Supplies - Dietary	14,847.09
14300 Supplies - Housekeeping	2,398.69
14350 Supplies - Laundry	(1,046.47)
14400 Supplies - Maintenance	2,376.26
14450 Supplies - Canteen	(386.86)
14550 Supplies - Office	5,285.77
Total Inventory	\$ 45,518.07

Prepaid Expenses

15200 Prepaid - Insurance	26,831.00
Total Prepaid Expenses	\$ 26,831.00
Total Current Asset	\$ 3,945,739.26

Fixed Assets

16010 Land	7,904.18
16020 Land Improvements	390,492.65
16100 Buildings	11,911,041.65
16110 Building Improvements	4,780,666.42
16130 Fixed Equipment	469,030.62
16140 Movable Equipment	1,588,378.48
16150 Transportation Equipment	61,607.15
16160 Minor Equipment	69,331.41
16161 CBRF Land Improvements	55,687.34
16162 CBRF Buildings	2,960,204.16

Pine Valley Community Village
Balance Sheet
March 31, 2025

Assets

Fixed Assets

Fixed Assets

16163 CBRF Building Improvements	1,018,083.03
16164 CBRF Fixed Equipment	16,187.96
16165 CBRF Moveable Equipment	202,713.66
16170 Accum.Dep. - Land Improvements	(110,418.07)
16500 Accum.Dep. - Building	(2,738,053.25)
16550 Accum.Dep. - Building Improvements	(3,947,137.81)
16650 Accum.Dep. - Fixed Equipment	(124,027.66)
16700 Accum.Dep. - Movable Equipment	(1,250,788.55)
16750 Accum.Dep. - Transportation Equip.	(29,216.24)
16800 Accum.Dep. - Minor Equipment	(69,331.41)
16810 Accum.Dep.-CBRF Land Improv	(21,493.30)
16815 Accum.Dep.-CBRF Building	(683,313.17)
16820 Accum.Dep.-CBRF Building Improv	(827,606.56)
16825 Accum.Dep.-CBRF Fixed Equipment	(13,459.36)
16830 Accum.Dep.-CBRF Moveable Equipment	(157,089.26)
Total Fixed Assets	<u>\$ 13,559,394.07</u>

Other Assets

18001 Net Pension Asset	(1,267,258.00)
18004 DOR-Projected vs Actual Experience	4,717,804.00
19005 LRLIF DOR-Changes of Actuarial Assump	153,268.00
Total Other Assets	<u>\$ 3,603,814.00</u>

Total Assets	<u><u>\$ 21,108,947.33</u></u>
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Liabilities and Equity

Current Liabilities

Current Liabilities

19001 Net OPEB Liability-Life Ins.	364,081.00
20200 Accrued Payroll	157,996.86
20210 Accrued Vacation Pay	238,779.34
20220 Accrued Sick Pay	156,399.51
20230 Accrued Other Expense	4,527.38
20240 Accrued Interest	157,641.00
21510 Resident Refunds/adjustments	(17,733.27)
21540 Resident Trust - Checking	17,755.97
21545 Resident Trust - Cash	500.00
Total Current Liabilities	<u>\$ 1,079,947.79</u>

Total Current Liabilities	<u>\$ 1,079,947.79</u>
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Long Term Liabilities

25011 Long Term Debt-2015 GO Bond - 10 mil	7,610,000.00
25013 Long Term Debt-2016 GO Bond - 10 mil	6,355,000.00
25200 Premium on Bonds	252,356.35

Total Long Term Liabilities	<u>\$ 14,217,356.35</u>
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Other Liability

Other Liabilities

20200 DOR-Projected vs Actual Experience	4,717,804.00
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**Pine Valley Community Village
Balance Sheet
March 31, 2025**

Liabilities and Equity

Other Liability

Other Liabilities

27003 LRLIF DIR-Proj vs Act Invest Earnings	279,331.00
Total Other Liabilities	<u>\$ 2,934,360.00</u>
Total Other Liability	<u>\$ 2,934,360.00</u>
Total Liabilities	<u>\$ 18,231,664.14</u>

Equity

30010 Contribution Capital-Richland County	24,726,863.11
30100 Contribution Capital-By Grants	76,254.01
30800 Retained Earnings(deficit)	(21,867,744.63)
Net Income (Loss)	<u>\$ (58,089.30)</u>
Total Equity	<u>\$ 2,877,283.19</u>
Total Liabilities and Equity	<u><u>\$ 21,108,947.33</u></u>

Pine Valley Community Village

Statement of Operations

March 31, 2025

Current Actual	Current Budget	Variance	PPD Actual	PPD Budget	Days	YTD Actual	YTD Budget	Variance	PPD Actual	PPD Budget
2,037	2,441	(404)	66	79	Days	6,820	7,087	(267)	76	79
Operating Revenue										
166,875.68	209,715.00	(42,839.32)	654.41	615.00	Medicare Part A	458,888.62	608,872.00	(149,983.38)	626.04	615.02
0.00	0.00	0.00			Private ISN	(449.14)	0.00	(449.14)		
(290.00)	0.00	(290.00)			Medicaid ICF I	(9,732.02)	0.00	(9,732.02)		
0.00	65,645.00	(65,645.00)	166.19	166.19	CBRF - Private Pay	157,887.69	196,935.00	(39,047.31)	174.65	171.70
0.00	8,742.00	(8,742.00)	141.00	141.00	CBRF - Family Care	0.00	25,662.00	(25,662.00)		142.57
68,842.71	109,450.00	(40,607.29)	395.65	353.06	Family Care	239,742.47	317,760.00	(78,017.53)	397.58	353.07
0.00	0.00	0.00			Outpatient Therapy	92.26	0.00	92.26		
123,456.07	78,337.83	45,118.24	366.34	361.00	Private SNF	300,098.00	227,999.70	72,098.30	370.49	361.90
457,530.18	404,067.00	53,463.18	403.47		Medicaid SNF	1,289,475.28	1,173,105.00	116,370.28	388.28	
25,717.90	0.00	25,717.90	451.19		Medicare Advantage	139,918.72	0.00	139,918.72	585.43	
27,200.00	0.00	27,200.00	340.00		Hospice Medicaid	71,400.00	0.00	71,400.00	340.00	
19,304.96	17,000.00	2,304.96			Medicare Part B	49,429.78	51,000.00	(1,570.22)		
412.03	2,740.00	(2,327.97)			Other Revenue	2,721.29	8,220.00	(5,498.71)		
889,049.53	895,696.83	(6,647.30)	436.45	366.94	Total Operating Revenue	2,699,472.95	2,609,553.70	89,919.25	395.82	368.22
Operating Expense										
14,898.68	14,044.00	(854.68)	7.31	5.75	Activities	43,615.98	48,334.00	4,718.02	6.40	6.82
12,401.79	11,238.00	(1,163.79)	6.09	4.60	Social Services	37,519.92	40,229.00	2,709.08	5.50	5.68
370,352.66	318,959.00	(51,393.66)	181.81	130.67	Nursing	1,045,619.99	1,122,868.00	77,248.01	153.32	158.44
11,841.11	17,338.60	5,497.49	5.81	7.10	Medical Supplies	40,164.16	50,394.00	10,229.84	5.89	7.11
47,747.17	43,927.00	(3,820.17)	23.44	18.00	Other Purchased Services	168,149.27	129,636.00	(38,513.27)	24.66	18.29
21,596.76	11,215.99	(10,380.77)	10.60	4.59	Pharmacy	44,639.28	32,598.93	(12,040.35)	6.55	4.60
1,200.00	1,425.00	225.00	0.59	0.58	Physician Care	3,600.00	4,275.00	675.00	0.53	0.60
4,667.67	8,897.00	4,229.33	2.29	3.64	Nursing Administration	22,976.88	30,586.00	7,609.12	3.37	4.32
63,802.18	58,791.43	(5,010.75)	31.32	24.08	Dietary	195,562.91	197,408.01	1,845.10	28.67	27.85
7,565.97	10,980.00	3,414.03	3.71	4.50	Laundry	29,088.22	31,340.00	2,251.78	4.27	4.42
19,934.25	21,005.00	1,070.75	9.79	8.61	Housekeeping	64,877.17	70,459.00	5,581.83	9.51	9.94
13,295.26	12,426.00	(869.26)	6.53	5.09	Plant & Maintenance	43,273.72	44,568.00	1,294.28	6.35	6.29
25,558.61	23,610.00	(1,948.61)	12.55	9.67	Utilities	72,434.75	64,830.00	(7,604.75)	10.62	9.15
1,948.32	2,000.00	51.68	0.96	0.82	Sewer Plant	12,336.92	6,000.00	(6,336.92)	1.81	0.85
15,030.16	14,597.00	(433.16)	7.38	5.98	Accounting	45,652.29	53,530.00	7,877.71	6.69	7.55
4,387.48	3,998.00	(389.48)	2.15	1.64	Medical Records	12,736.61	13,993.00	1,256.39	1.87	1.97
687.60	725.00	37.40	0.34	0.30	Assisted Living	3,350.28	4,387.00	1,036.72	0.49	0.62
21,857.15	14,500.00	(7,357.15)	10.73	5.94	General & Administration	48,478.46	51,521.00	3,042.54	7.11	7.27
179,758.02	172,195.00	(7,563.02)	88.25	70.54	Employee Benefits	525,201.54	548,677.00	23,475.46	77.01	77.42
2,713.04	5,050.00	2,336.96	1.33	2.07	Interest Expense	16,969.63	14,828.00	(2,141.63)	2.49	2.09
224,087.50	12,357.00	(211,730.50)	110.01	5.06	Insurance	224,087.50	95,507.00	(128,580.50)	32.86	13.48
18,964.87	113,422.42	94,457.55	9.31	46.47	Depreciation	56,382.94	339,417.26	283,034.32	8.27	47.89
103.26	0.00	(103.26)	0.05		Governing Board	209.58	0.00	(209.58)	0.03	

Pine Valley Community Village
Statement of Operations
March 31, 2025

Current Actual	Current Budget	Variance	PPD Actual	PPD Budget	YTD Actual	YTD Budget	Variance	PPD Actual	PPD Budget
Operating Expense									
34.95	250.00	215.05	0.02	0.10	34.95	750.00	715.05	0.01	0.11
177.72	700.00	522.28	0.09	0.29	560.09	2,100.00	1,539.91	0.08	0.30
9.99	50.00	40.01	0.00	0.02	39.21	150.00	110.79	0.01	0.02
\$ 1,084,622.17	\$ 893,701.44	\$ (190,920.73)			\$ 2,757,562.25	\$ 2,998,386.20	\$ 240,823.95		
\$ (195,572.64)	\$ 1,995.39	\$ (197,568.03)	(96.01)	0.82	\$ (58,089.30)	\$ (388,832.50)	\$ 330,743.20	(8.52)	(54.87)
Non Operating Expense									
0.00	0.00	0.00			0.00	0.00	0.00		
\$ (195,572.64)	\$ 1,995.39	\$ (197,568.03)	(96.01)	0.82	\$ (58,089.30)	\$ (388,832.50)	\$ 330,743.20	(8.52)	(54.87)

A/R Balances

Description	January 2025	February 2025	March 2025	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024
Accounts Receivable												
A/R - Private	104,099.24	83,344.33	124,524.74	160,714.13	127,054.09	141,078.70	101,812.62	107,760.60	161,106.96	111,932.08	84,897.97	75,914.91
A/R - Medicaid	349,439.05	333,707.47	392,509.14	268,204.74	310,310.73	269,973.58	279,469.81	337,775.33	298,312.33	364,565.99	392,563.08	358,479.16
A/R - Medicare Part A	228,659.71	221,778.95	183,057.90	184,283.02	154,435.34	146,283.14	158,723.44	149,682.18	308,553.14	306,509.84	226,118.32	191,071.61
A/R - Medicare Advantage	135,411.27	147,235.33	134,338.95	51,756.89	46,878.59	38,745.55	9,588.36	0.00	12,201.98	20,714.65	30,806.64	74,098.21
A/R - Medicare Part B	8,440.60	2,995.16	4,705.36	13,937.98	18,452.73	12,075.60	13,900.83	16,808.90	12,967.13	20,269.72	34,622.81	27,165.44
A/R - Co Insurance Part A	75,780.74	68,731.50	71,020.50	77,587.74	60,656.21	65,351.74	54,603.74	71,875.74	78,535.09	89,498.73	103,278.74	90,907.74
A/R - Co Insurance Part B	10,576.34	8,916.68	9,955.55	7,877.34	8,191.15	8,812.07	6,077.22	8,230.50	7,619.53	7,719.54	9,874.39	9,642.92
A/R - Family Care	114,265.77	125,347.57	96,447.51	120,549.53	172,539.64	114,628.85	62,764.40	109,614.94	80,386.92	74,389.68	103,138.20	79,488.36
A/R - Respite	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,630.00	0.00	0.00		(1,700.00)
A/R - Patient Liability	62,798.68	58,947.18	61,213.00	53,765.42	53,060.96	48,029.04	44,832.48	49,492.37	53,582.55	60,526.60	65,062.31	62,284.27
A/R - Assisted Living	22,074.90	28,658.80	28,658.80	20,432.16	28,377.43	25,831.96	15,256.66	17,664.11	30,599.62	34,633.05	44,437.50	24,137.34
A/R - Hospice Medicaid	14,197.07	24,256.10	38,264.81									
A/R Allowance for Doubtful Accts	(53,825.19)	(35,339.41)	(35,339.41)	(53,825.19)	(53,825.19)	(53,825.19)	(53,825.19)	(53,825.19)	(53,825.19)	(53,825.19)	(53,825.19)	(53,825.19)
	1,071,918.18	1,068,579.66	1,109,356.85	905,283.76	926,131.68	816,985.04	693,204.37	818,709.48	990,040.06	1,036,934.69	1,040,974.77	937,664.77
days revenue in AR	37.73	37.62	39.05	31.87	32.60	28.76	24.40	28.82	34.85	36.50	36.65	33.01

Jan to December 2025 Cash Flow

	Cash Receipts	Expenses	Cash	Explanation
Jan	\$ 804,346	\$ 1,040,733	-\$236,387	2 holidays, 3 payrolls, sick payout, Annual Crime Insurance Premium
Feb	\$ 884,432	\$ 806,042	\$78,390	Dec MA pmt rec'd/reflected in Feb, Jan MA pmt not rec'd in Feb as short month
Mar	\$ 930,466	\$ 2,089,256	-\$1,158,790	2025 Workers Comp Premium Adjustment, Debt Service Pmts/Interest Pmts
Apr			\$0	
May			\$0	
June			\$0	
Jul			\$0	
Aug			\$0	
Sept			\$0	
Oct			\$0	
Nov			\$0	
Dec			\$0	
	\$ 2,619,243	\$ 3,936,031	\$ (1,316,788)	

Jan to December 2024 Cash Flow

	Cash Receipts	Expenses	Cash	Explanation
Jan	\$ 791,886	\$ 884,415	-\$92,530	2 holidays; sick p/o; \$58,685 prop&liab ins; \$600,000 tx:debt service to Gnrl Fnd
Feb	\$ 834,867	\$ 757,818	\$77,049	
Mar	\$ 664,728	\$ 995,780	-\$331,052	3 payrolls; \$162,174.96 Medicare pymt not rec'd until April d/t Good Friday
Apr	\$ 867,845	\$ 842,981	\$24,864	March Medicare pymt rec'd; Easter Holiday
May	\$ 773,868	\$ 857,560	-\$83,692	
June	\$ 856,929	\$ 888,300	-\$31,372	Memorial Holiday; SP recoupment\$ 84,517; Lawn Mower \$9,700
Jul	\$ 927,861	\$ 781,201	\$146,660	July 4th Holiday;
Aug	\$ 787,784	\$ 997,119	-\$209,335	3 payrolls; \$725,000 moved from cash acct to Debt Service Fund for use in 2025
Sept	\$ 733,676	\$ 771,560	-\$37,885	
Oct	\$ 852,573	\$ 773,699	\$78,874	
Nov	\$ 823,046	\$ 778,544	\$44,502	Thanksgiving Holiday
Dec	\$ 1,052,233	\$ 897,136	\$155,097	Comp Payout, Cash includes Solar Tax Credit, WC 2025 Ins paid
	\$ 9,967,295	\$ 10,226,113	\$ (258,818)	

SCHEDULE OF VOUCHERS – PINE VALLEY COMMUNITY VILLAGE

RICHLAND COUNTY

DATE: MARCH 2025

WE HEREBY CERTIFY THAT THE PINE VALLEY SUB-COMMITTEE OF THE COUNTY OF RICHLAND PINE VALLEY COMMUNITY VILLAGE HAVE ALLOWED AND AUDITED THE FOLLOWING CLAIMS. YOU ARE INSTRUCTED TO ISSUE A COUNTY-ORDER CHECK TO EACH PERSON NAMED BELOW THE AMOUNT SET OPPOSITE EACH NAME.

SUMMARY OF CASH RECEIPTS AND EXPENSES

CASH RECEIPTS:	+ 930,465.73
Journal Entries: Courthouse	
Telephone/Internet:	- 251.77
HRA/FLEX & Fees	- 428.79
PV Sub Co. Exp	- 103.26
Employee Mileage Reimbursement	- 131.79
Wisconsin County Mutual	- 3,062.00
Debt Service	- 1,269,087.50
PAYROLL	- 428,190.80
VOUCHERS:	- 218,101.65

Cash Variance	- 1,096,181.00

AP Monthly Check Register by Check Number From 03/31/2025 - Thru 03/31/2025

Bank Code: OP Operating Account					Cash Account: 10010-00-00					Posting Period: 03/2025		
Check Number	Check Type	Check Date	Vendor Code	Vendor Name	Invoice Number	Invoice Amt Applied	Discount Amount	Withheld Amount	Paid Amount	Check Amount		
0000000152	C	03/11/2025	100188	ALLIANT UTILITIES (WP&L)	03112025	10,734.57	0.00	0.00	10,734.57	10,734.57		
0000000153	C	03/11/2025	100181	KRONOS INCORPORATED	12373615	874.44	0.00	0.00	874.44	874.44		
0000000154	C	03/11/2025	100049	KWIK TRIP, INC.	03112025	99.98	0.00	0.00	99.98	99.98		
0000000155	C	03/11/2025	100006	WAL-MART	03112025	911.72	0.00	0.00	911.72	911.72		
0000000205	C	03/20/2025	100021	GENUINE TELECOM	03202025	1,896.49	0.00	0.00	1,896.49	1,896.49		
0000000206	C	03/20/2025	110666	MatrxCare Inc.	INV6504291	361.15	0.00	0.00	361.15	361.15		
0000000207	C	03/20/2025	100127	PINE VALLEY EMERGENCY FUND	03202025	464.67	0.00	0.00	464.67	464.67		
0000000208	C	03/20/2025	100159	R.C. MUNICIPAL UTILITIES	03202025	1,948.32	0.00	0.00	1,948.32	1,948.32		
0000000209	C	03/20/2025	100103	WE ENERGIES (WV GAS)	03202025	1,182.34	0.00	0.00	1,182.34	1,182.34		
0000000210	C	03/25/2025	100027	CARDMEMBER SERVICES	03252025	11,043.33	0.00	0.00	11,043.33	11,043.33		
0000000211	C	03/25/2025	100143	GRAPETREE MEDICAL STAFFING	03252025	13,787.50	0.00	0.00	13,787.50	13,787.50		
0000000212	C	03/25/2025	100038	PREMIER MEDICAL STAFFING SERVIC	03252025	5,137.50	0.00	0.00	5,137.50	5,137.50		
0000000213	C	03/25/2025	100040	QUADIENT FINANCE USA, INC.	61792773	83.85	0.00	0.00	83.85	83.85		
0000000214	C	03/25/2025	100014	U.S. CELLULAR	03252025	135.50	0.00	0.00	135.50	135.50		
0000000218	C	03/31/2025	100061	ADVANCED PUMP AND WELL SOLUTION	03312025	34.89	0.00	0.00	34.89	34.89		
0000000219	C	03/31/2025	100011	AEGIS THERAPIES, INC.	486925	46,088.87	0.00	0.00	46,088.87	46,088.87		
0000000220	C	03/31/2025	100016	AGING & DISABILITY RESOURCE CEN	03312025	75.00	0.00	0.00	75.00	75.00		
0000000221	C	03/31/2025	100091	AMERICAN DO IT CENTER	03312025	13.17	0.00	0.00	13.17	13.17		
0000000222	C	03/31/2025	100212	BAILEY'S PAINT & DECORATING	03312025	219.75	0.00	0.00	219.75	219.75		
0000000223	C	03/31/2025	100063	BEN KOELSCH	03312025	50.00	0.00	0.00	50.00	50.00		
0000000224	C	03/31/2025	100082	BRIGGS HEALTHCARE	B482650	336.45	0.00	0.00	336.45	336.45		
0000000225	C	03/31/2025	100015	CDW GOVERNMENT	03312025	132.90	0.00	0.00	132.90	132.90		
0000000226	C	03/31/2025	100064	CENTER PHARMACY	03312025	27.20	0.00	0.00	27.20	27.20		
0000000227	C	03/31/2025	100122	CINTAS CORP.	03312025	151.46	0.00	0.00	151.46	151.46		
0000000228	C	03/31/2025	100144	CIVIC MEDIA	03312025	440.00	0.00	0.00	440.00	440.00		
0000000229	C	03/31/2025	100008	DALCO	03312025	7,897.56	0.00	0.00	7,897.56	7,897.56		
0000000230	C	03/31/2025	100148	Elm Preferred Services	03312025	8,208.48	0.00	0.00	8,208.48	8,208.48		
0000000231	C	03/31/2025	100042	FITZSIMMONS HOSPITAL SERVICES	132904	914.50	0.00	0.00	914.50	914.50		
0000000232	C	03/31/2025	100143	GRAPETREE MEDICAL STAFFING	03312025	12,387.50	0.00	0.00	12,387.50	12,387.50		
0000000233	C	03/31/2025	100080	HYNEK PRINTING LLC	00073457	153.00	0.00	0.00	153.00	153.00		
0000000234	C	03/31/2025	100079	INOVALON PROVIDER, INC	5M-0034530	387.60	0.00	0.00	387.60	387.60		
0000000235	C	03/31/2025	100028	KRAEMER'S WATER STORE, INC.	03312025	628.54	0.00	0.00	628.54	628.54		
0000000236	C	03/31/2025	100088	MARTIN BROTHERS DISTRIBUTING	03312025	18,251.70	0.00	0.00	18,251.70	18,251.70		
0000000237	C	03/31/2025	100032	MCKESSON MEDICAL SUPPLY INC.	03312025	2,543.68	0.00	0.00	2,543.68	2,543.68		
0000000238	C	03/31/2025	100189	MOBILEX USA	48288124	189.10	0.00	0.00	189.10	189.10		
0000000239	C	03/31/2025	100175	NAPA AUTO PARTS	03312025	14.49	0.00	0.00	14.49	14.49		
0000000240	C	03/31/2025	100173	NETWORK SERVICES COMPANY	03312025	1,715.20	0.00	0.00	1,715.20	1,715.20		
0000000241	C	03/31/2025	100120	NORTHWEST RESPIRATORY SERVICES	03312025	1,536.70	0.00	0.00	1,536.70	1,536.70		
0000000242	C	03/31/2025	100135	OAK MEDICAL SC	03312025	1,200.00	0.00	0.00	1,200.00	1,200.00		
0000000243	C	03/31/2025	100095	OMNI Technologies	03312025	6,902.50	0.00	0.00	6,902.50	6,902.50		
0000000244	C	03/31/2025	100074	ORKIN INC	273679031	131.00	0.00	0.00	131.00	131.00		
0000000245	C	03/31/2025	100051	PAN-O-GOLD BAKING COMPANY	03312025	617.40	0.00	0.00	617.40	617.40		
0000000246	C	03/31/2025	100009	PELLITTERI WASTE SYSTEMS	5777897	101.46	0.00	0.00	101.46	101.46		

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Check Number	Check Type	Check Date	Vendor Code	Vendor Name	Invoice Number	Invoice Amt Applied	Discount Amount	Withheld Amount	Paid Amount	Check Amount	
0000000247	C	03/31/2025	100185	PHILLIPS TOTAL CARE PHARMACY, I	03312025	22,152.14	0.00	0.00	22,152.14	22,152.14	
0000000248	C	03/31/2025	100012	PINE VALLEY H&R RESIDENT FUND	03312025	5,412.48	0.00	0.00	5,412.48	5,412.48	
0000000249	C	03/31/2025	100038	PREMIER MEDICAL STAFFING SERVIC	03312025	3,468.75	0.00	0.00	3,468.75	3,468.75	
0000000250	C	03/31/2025	100024	RHYME BUSINESS PRODUCTS	AR822512	438.49	0.00	0.00	438.49	438.49	
0000000251	C	03/31/2025	100047	RICHLAND HOSPITAL, INC.	03312025	1,424.00	0.00	0.00	1,424.00	1,424.00	
0000000252	C	03/31/2025	100168	RICHLAND OBSERVER	03312025	56.00	0.00	0.00	56.00	56.00	
0000000253	C	03/31/2025	100145	SARA SUARDINI	03312025	1,354.75	0.00	0.00	1,354.75	1,354.75	
0000000254	C	03/31/2025	100157	SHOPPING NEWS	03312025	62.00	0.00	0.00	62.00	62.00	
0000000255	C	03/31/2025	100108	TOWN & COUNTRY SANITATION, INC.	03312025	1,105.17	0.00	0.00	1,105.17	1,105.17	
0000000256	C	03/31/2025	100162	TruBridge, Inc	5030464042	1,022.45	0.00	0.00	1,022.45	1,022.45	
0000000257	C	03/31/2025	100160	VESTIS	03312025	6,810.32	0.00	0.00	6,810.32	6,810.32	
0000000258	C	03/31/2025	100182	WALSH'S ACE HARDWARE	03312025	1,183.64	0.00	0.00	1,183.64	1,183.64	
0000000259	C	03/31/2025	100048	WI DEPT. OF HEALTH & FAMILY SER	03312025	13,600.00	0.00	0.00	13,600.00	13,600.00	
Bank Code OP				Sub-Total		218,101.65	0.00	0.00	218,101.65	218,101.65	
Number of Checks: 56				Register Total		218,101.65	0.00	0.00	218,101.65	218,101.65	

Aging through 3/31/2025

Resident Name		Over 90	Over 120	Total	Notes
1		\$ 851.79	\$ 305.04	\$ 1,156.83	\$1000 pmt is being made monthly, per agreement.
2		\$ -	\$ 180.00	\$ 180.00	Balance is for therapy. Payment is expected from Insurance.
3		\$ 7,601.75	\$ 344.90	\$ 7,946.65	Payment is expected from Hospice provider.
4		\$ -	\$ 5,896.52	\$ 5,896.52	Private pay balance; insurance lapsed. \$100 pmt is being made monthly, per agreement.
5		\$ 5,259.27	\$ -	\$ 5,259.27	Former CBRF resident; left 7/2023. Family refused to pay; filed TRIP claim.
6		\$ 567.41		\$ 567.41	Billing attempt was timely, took a bit of time to route to correct insurance.
7		\$ -	\$ 1,680.51	\$ 1,680.51	Patient Liability; Corp. Counsel sent letter, filed TRIP claim.
8		\$ -	\$ 1,280.00	\$ 1,280.00	Conversations will continue with resident re: future payments.
9			\$ 9,196.77	\$ 9,196.77	Working with Humana on claim. Payment is expected.
10		\$ 82.20	\$ -	\$ 82.20	Working with Inlusa on coinsurance.
11		\$ 1,068.48	\$ 5,601.83	\$ 6,670.31	Usually pays \$1200 per month which covers PL w/remaining going towards past due. Lien filed.
12		\$ -	\$ 807.00	\$ 807.00	Patient Liability. Contact will be made re: future payments.
13		\$ -	\$ 40,254.21	\$ 40,254.21	\$100 pmt is being made monthly, per agreement; lien filed.
14		\$ -	\$ 8,741.18	\$ 8,741.18	Patient Liability \$8,741.18- old balance; not incurring future expense as on FC.
15		\$ -	\$ 18,745.72	\$ 18,745.72	4 months Patient Liability; resident is deceased; filed claim w/Probate.
16		\$ 2,232.22	\$ -	\$ 2,232.22	This is a contractual adjustment to enter on our end. Claim is paid in full.
		\$ 17,663.12	\$ 93,033.68	\$ 110,696.80	

Total of Liens \$46,924.52

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/31/2025
NAME OF PROVIDER OR SUPPLIER PINE VALLEY COMMUNITY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 25951 CIRCLE VIEW LANE RICHLAND CENTER, WI 53581		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 610 SS=D	<p>This was a complaint and partial extended survey conducted at Pine Valley Community Village on 3/17/25 to 3/31/25. This survey identified substandard quality of care at F684.</p> <p>Federal citations issued: 4</p> <p>The most serious citation is F684 cited at a severity/scope level of J (Immediate Jeopardy/Isolated).</p> <p>Census: 68 Sample size: 8</p> <p>Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility</p>	F 610			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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NAME OF PROVIDER OR SUPPLIER PINE VALLEY COMMUNITY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 25951 CIRCLE VIEW LANE RICHLAND CENTER, WI 53581		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 610	<p>Continued From page 1</p> <p>did not ensure that in response to allegations of abuse, neglect, exploitation, or mistreatment, the alleged violations are thoroughly investigated for 1 of 8 residents (R2) reviewed for abuse.</p> <p>R2 reported to staff she was missing money. SS I (Social Services Director) initiated the investigation, but failed to interview other residents to ensure there were no other allegations or concerns.</p> <p>Evidenced by:</p> <p>The facility policy entitled, "Abuse Investigation and Reporting", last revision date of 3/6/2024, states, in part; "...For Abuse Investigation: Upon discovery of alleged violations involving mistreatment: neglect, exploitation, or abuse, including injuries of unknown source, and misappropriation of resident's property, immediately protect the resident and immediately report the incident to your supervisor who in turn needs to immediately contact the administrator or designee ...Thorough investigation: Upon learning of an alleged incident and having protected the resident a thorough investigation focused on collecting information that corroborates or disproves the incident will immediately begin ...Interview and obtain written statements from any witnesses including other residents ...Interview and obtain statements from other residents ...to determine if there are similar concerns ..."</p> <p>R2 was admitted to the facility on 1/21/25 with diagnoses including: Infection and inflammatory reaction due to internal right knee prosthesis, aftercare following joint replacement surgery, chronic atrial fibrillation (irregular heart rate that</p>	F 610			

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NAME OF PROVIDER OR SUPPLIER PINE VALLEY COMMUNITY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 25951 CIRCLE VIEW LANE RICHLAND CENTER, WI 53581		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 610	<p>Continued From page 2</p> <p>causes poor blood flow), depression, and chronic kidney disease. R2's Brief Interview for Mental Status (BIMS) score from R2's admission Minimum Data Set (MDS) is 10 out of 15, indicating R2's cognition is moderately impaired.</p> <p>Facility self-report to state agency, states, in part: "...On 2/12/2025, Received concern from CNA staff that resident confirmed she was missing money. This writer presented to resident's room upon her return from an appointment. Explained why writer was there and resident confirmed she was missing money. Following a thorough search of the room/purse with R2's permission, we were unable to locate the money. R2 reported last seeing the money "a couple of days ago." In speaking further with R2, she felt that someone had stolen the money. Due to not being able to locate the money and overall nature of the complaint an investigation was submitted ...Upon speaking with the resident, she appeared shocked and couldn't quite understand why something like this would happen..."</p> <p>The last page of the supporting documents states in part: "...Lastly, in good faith effort, despite there being no evidence to support any misconduct the facility will reimburse R2 with \$42..."</p> <p>On 3/17/25 at 9:55 AM, Surveyor interviewed R2 and asked about the misappropriation allegation on 2/12/25. R2 stated she had \$42 taken out of her purse a few weeks ago. R2 indicated she reported it to staff, the money wasn't found, and she started a trust account "at the desk" for her money. R2 stated she doesn't think the missing money got replaced yet, facility was supposed to reimburse her the \$42. Surveyor asked R2 if</p>	F 610			

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F 610	<p>Continued From page 3</p> <p>anyone from the facility has given her an update on the status of the money or let her know when the \$42 would be in her account. R2 stated, "No, I haven't heard a word more about it." R2 stated to Surveyor she isn't happy with the follow up.</p> <p>On 3/17/25 at 10:20 AM, Surveyor interviewed SS I (Social Services Director) about the misappropriation allegation from 2/12/25 involving R2. SS I stated a CNA reported to staff, that R2 reported she was missing money. SS I interviewed R2 and R2 shared she was missing \$42. SS I indicated with R2's permission, they searched her room and purse together and were unable to locate the money. SS I stated facility contacted law enforcement, updated R2's daughter, talked to R2 about starting a trust account at facility and R2 started one, interviewed staff who worked the days around the incident - 12 staff total. SS I indicated they did not interview other residents and did not provide staff education following the incident.</p> <p>On 3/17/25 at 10:30 AM, Surveyor interviewed BS J (Billing Specialist) about R2 being reimbursed the \$42 from the misappropriation allegation on 2/12/25. BS J stated they haven't reimbursed the money yet, but she will be cutting a check at the end of the month from the emergency fund. BS J stated she thought the investigation was still ongoing.</p> <p>Of note, the facility submitted the full self-report with all of their investigation findings on 2/19/25 at 2:52 PM.</p> <p>On 3/17/25 at 10:50 AM, Surveyor reviewed the self-report and supporting documentation provided with the facility investigation. There is no</p>	F 610			

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F 610	Continued From page 4 mention or evidence of the facility interviewing any other residents besides R2 to determine if other residents have concerns with missing money or other items. There is also no mention of staff education being provided. On 3/17/25 at 5:10 PM, Surveyor interviewed NHAA (Nursing Home Administrator) regarding completing a thorough investigation for an allegation of misappropriation. NHAA indicated facility should have included other resident interviews.	F 610			
F 684 SS=J	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each resident receives treatment and care in accordance with professional standards of practice for 2 out of 8 total sampled Residents (R4 and R5). Staff failed to recognize a change of condition in R5 until the Nurse Practitioner (NP) assessed the patient. Facility staff did not assess and monitor R5's condition as ordered by the physician. R5 was not sent to the emergency room (ER) per the NP's directive until 22 hours later, by which time	F 684			

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F 684	<p>Continued From page 5</p> <p>R5's condition had worsened, resulting in R5 being admitted to Hospital where R5 was diagnosed with Sepsis, Pneumonia, and Acute Respiratory Failure with Hypoxia. R5 passed away two days later at the hospital.</p> <p>R4 was reporting irregular heart rates when an on-call physician gave orders to transport to the emergency room if apical pulse was greater than 115, the facility did not assess R4 or monitor R4's pulse for the next ten hours. R4 presented with irregular heart rate of tachycardia (fast heart rate) and bradycardia (low heart rate) and the facility sent R4 to the hospital via taxi vs. a medical transport service.</p> <p>Facility failure to recognize an acute change in condition, failure to closely monitor and assess a Resident with an acute change in condition, and failure to send a resident experiencing a significant condition change to the emergency room via ambulance rather than taxi created a finding of Immediate Jeopardy that began on 1/19/25. Surveyor notified NHA A (Nursing Home Administrator), DON B (Director of Nursing) of the Immediate Jeopardy on 3/18/25. The Immediate Jeopardy was removed on 3/21/25; however, the deficient practice continues at a scope/severity of a D (potential for more than minimal harm/pattern) as the facility continues to implement its action/corrective plan.</p> <p>This is evidenced by: The facility policy titled, Change of Condition, Resident, last revised 1/30/24, states in part ... PURPOSE: To ensure timely assessment, documentation, RN (Registered Nurse) notification, physician notification, care planning,</p>	F 684			

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F 684	Continued From page 6 and resident/legal representative notification of significant change in the resident's physical, emotional, or psychological condition. POLICY: All staff members shall communicate any information about a resident's condition that could potentially indicate a significant change of condition to the resident's nurse. The nurse will gather data on the resident's condition and as appropriate, provide timely notification to the RN (Registered Nurse), if nurse is an LPN (Licensed Practical Nurse), the Physician/Medical provider, Resident of Legal Representative (Activated POA (Power of Attorney) or Legal Guardian). In the event that the RN is not available in-house, the RN on-call will be notified via phone for consultation. Other family members will be notified upon consent of the resident/legal representative. THE FOLLOWING ARE EXAMPLES OF CHANGES IN RESIDENT CONDITION: b. Changes in respiratory status including altered respiratory rate, oxygen saturation, breath sounds, or complaints of shortness of breath. k. Blood pressures that exceed the resident's established parameters or other symptomatic blood pressure variations. z. All infections/symptoms of infection. aa. Pain. New pain or changes in pain location, quality, intensity. PROCEDURE: a. All staff will report any observed or reported changes to the nurse caring for the resident, or the nurse supervisor/manager immediately. Should an MA (Medication Aide) be working on the household, they also should report changes of condition to the nurse and the process below will take place. The nurse can delegate tasks to the MA, within their scope/skill set, but the nurse is responsible for ensuring that appropriate care	F 684			

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F 684	<p>Continued From page 7 and assessment takes place./</p> <p>b. The nurse will observe the resident, gathering subjective and objective data. Vital signs will be obtained /as appropriate for the condition. (Nurses are highly encouraged to use the AMDA (now known as PALTmed (Post-Acute and Long-Term Care Medical Association)) took. PROTOCOLS FOR PHYSICIAN NOTIFICATION, available at each nursing station to assist them in gathering the appropriate data before physician notification.)</p> <p>d. The nurse will notify the physician in a timely manner, documenting the notification, actions taken, and any new order received. Should an RN not be in house, this need not wait for RN consultation in emergency situations.</p> <p>*SPECIFIC SITUATIONS THAT INDICATE IMMEDIATE NEED FOR RN/MD NOTIFICATION: " New onset of respiratory distress.</p> <p>NOTE: In the event that it is after clinic hours and the on-call MD cannot be reached within a reasonable time, the resident's primary MD should be contacted. If at any point the change of condition becomes emergent and the MD cannot be reached for orders, the nurse may elect to call the EMS (Emergency Medical Services) and notify the ER (Emergency Room) of the pending admission.</p> <p>h. Initially, changes in condition and related observations/assessments will be documented every shift in the nursing notes. Upon assessment of the nurse manager, documentation will continue at specified intervals until the problem resolves.</p> <p>Facility provided Surveyor with document from PALTmed, titled Acute Change of Condition in the Long-Term Care Setting, which states in part ... Vital Signs:</p>	F 684			

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F 684	<p>Continued From page 8</p> <p>Report Immediately: Systolic BP (blood pressure) >(greater) 210 mmHg (millimeters of mercury) Diastolic BP >115 mmHg Resting pulse >130 bpm (beats per minute) or >110 bpm and patient has dyspnea or palpitations Chest pain: New onset or recurrent, not relieved in 20 minutes by previously nitroglycerin x (times) 3. Accompanied by change in vital signs, diaphoresis, nausea, vomiting, shortness of breath.</p> <p>According to the Wisconsin Nurse Practice Act, N6.03(1), "An R.N. (Registered Nurse) shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention, and evaluation. This standard is met through performance of each of the following steps of the nursing process: (a) Assessment. Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis. (b) Planning. Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis. (c) Intervention. Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.s (Licensed Practical Nurse) or less skilled assistants. (d) Evaluation. Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis."</p>	F 684			

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F 684	<p>Continued From page 9</p> <p>According to N6.04(1), "In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider ...</p> <p>(b) Provide basic nursing care. (c) Record nursing care given and report to the appropriate person changes in the condition of a patient ...</p> <p>(e) Perform the following other acts when applicable:</p> <p>1. Assist with the collection of data ...</p> <p>Example 1</p> <p>R5 was admitted to the facility on 5/4/23 with an Activated Healthcare Power of Attorney (AHCPOA). R5's diagnoses include in part ... Diabetes Mellitus, Type 2, muscle wasting and atrophy, dementia, post traumatic stress disorder (PTSD), tremor, acute kidney failure, chronic kidney disease stage 4, peripheral vascular disease (PVD).</p> <p>R5's Quarterly MDS with an Assessment Reference Date (ARD) of 12/8/245 states in part ... Brief Interview of Mental Status (BIMS) 10, indicating R5 had moderate cognitive impairment. Section E0100 indicates R5 has delusions but no other behaviors.</p> <p>Nursing Progress Note from 1/18/25 at 16:32 (4:32 PM) states, Spoke with Dr. (Doctor) regarding R5's back pain at 1205 and new orders given:</p> <p>-Lidocaine 4% adhesive patch as needed for back pain. Remove after 12 hours.</p> <p>-Mylanta-30mL (milliliters) by mouth every 4 hours as needed for GI (Gastrointestinal) upset. Suggested trying Mylanta because sometimes heartburn can cause mid-back pain. Orders faxed to pharmacy after they were received.</p>	F 684			

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F 684	Continued From page 10 Of Note: No vitals, or any type to assessment documented at this time. Of Note: There are no further assessments or vitals taken for R5 between 1/18/25 at 4:32 PM and 1/19/25 at 1:32 PM. Nursing Progress note from 1/19/25 at 13:32 (1:32 PM) states, R5 complained of mid-back pain this morning when he was getting up out of bed. Lidocaine patch placed and Mylanta given, and Tylenol given. Later stated that it helped. Followed up with him again at lunch time and stated that he had a little bit of pain but, "not too bad." Did not want anything more for pain. At 1330 writer called to room by CNA (Certified Nursing Assistant). R1 was sitting on the toilet and complaining of back pain again. He stated that it was "terrible." When asked to rate his pain with a number he stated 10/10. Writer asked him if he would like to be seen in ER (Emergency Room) today or if he would like to try to get an appointment tomorrow for someone to look at his back. He stated he would like to wait for an appointment tomorrow. I let him know that I would call his son and call the on-call physician. Nursing Progress Note from 1/19/25 at 1338 (1:38 PM) states, attempted to call HCPOA (Healthcare Power of Attorney) but he did not answer. On 1/19/25 at 13:56 (1:56 PM), R5's documented VS (vital signs) are, pain 10/10 (10 out of 10), O2 sat (oxygen saturation) 89% (percent), R (respirations) 20, pulse 104, T (temperature) 98.2, BP 181/76.	F 684			

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F 684	<p>Continued From page 11</p> <p>Nursing Progress Note from 1/19/25 at 1414 (2:14 PM) states, On-call MD (Medical Doctor) called and updated, after explaining the situations. She asked for a set of vitals. While obtaining vital signs, R5 and I discussed about the ER or appointment tomorrow again and he still stated that he would prefer to have an appointment tomorrow vs the ER. Vitals within his normal limits except O2 sat was running 88-89%. He does appear to be a little short of breath, lungs sound clear. He denies any feelings of SOB (shortness of breath). Looking back in his history it appears that his O2 sats run 92-96%. HPOA returned call and we discussed options and R5's preference to wait for an appointment tomorrow. HPOA stated that he would like us to monitor him for a few hours and if it gets any worse that he would like him evaluated in the ER as he is concerned about his kidneys as R5 does have kidney failure and is waiting for a nephrology consult through University of Wisconsin. Called MD back to update her on vitals and discussion with HPOA. Reviewed labs that were done 12/19/25. She is ok with HPOA's decision to monitor for a few hours and if he is getting worse to have him evaluated in the ER.</p> <p>There is no documented evidence that staff monitored R5 over the next few hours.</p> <p>Progress Note from 1/19/25 at 2138 (9:38 PM) states, R5 calling out a lot most of shift, saying Help me, help me ... Staff go in and ask what he needs help with, and resident states I don't know. He does not seem to be more content if there is someone sitting in his room with him. Resident given Tylenol when able to help keep comfortable throughout shift. Resident is calm and quiet and resting in his bed at this time. (Med Tech)</p>	F 684			

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F 684	<p>Continued From page 12</p> <p>Of Note: The above note was written by a Medication Aide (MA). R5 has no assessments or vitals completed between 1/19/25 at 1:56 PM and 1/20/25 at 11:34 AM (21.5 hours).</p> <p>Nursing Progress Note from 1/20/25 at 11:34 AM states, in this morning when resident was in the dining room this writer asked how he is doing and he states, "fine" denied pain, denied back pain. After breakfast this writer did VS: BP 192/87, P94, O2 90-91 at RA, R 98.3. Resident denies pain, denied chest pain, no SOB (shortness of breath) at this time. Lungs auscultated and bilaterally lower lobes wheeze observed. Nurse practitioner present in resident's room and suggested to be sent to ER for further evaluation. Charge nurse notified; PO (power of attorney) notified.</p> <p>Of Note: This is the first set VS or assessment documented since 1/19/25 at 1:56 PM.</p> <p>Hospital ER Note from 1/20/25 states in part ... HPI: 101 y.o (year old) M (male) who presents with dyspnea and wheezing found today at the nursing home. History of dementia, kidney disease not chronically on albuterol. No fever. VS: T 97.1, P 97, R16, BP 209/89, O2 92% Physical Exam: Cals out please multiple times. Lungs: expiratory wheezes bilateral left greater than right. Psych: slightly anxious. ED (emergency department) Course and Medical Decision Making: In this patient with dyspnea, I have considered multiple etiologies. Heart failure certainly a possibility, he satting [sic] 92% on RA. He is hypertensive. White count 17, 5 bands 84 segs, potassium 5.7, has chronic hyperkalemia, BUN</p>	F 684			

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F 684	<p>Continued From page 13</p> <p>(blood urea nitrogen) 103, creatinine 5.3, slightly worse than normal for him. Chest x-ray shows left base infiltrate. IV (intravenous) Rocephin and Zithromax given. Admit given age and increased risk.</p> <p>Hospital History and Physical (H&P) from 1/20/25 states in part ...</p> <p>In ED (emergency department): Afebrile, heart rate 97, blood pressure 219/89, RR (respiratory rate) 16, WBC (white blood cell count) 17, Hemoglobin 10.4, platelets 282, sodium 135, potassium 5.7, creatinine 5.3, GFR (glomerular filtration rate) 9, BUN 103, glucose 373, BNP (B-type natriuretic peptide) 384, chest x-ray concerning for left basilar infiltrate.</p> <p>Plan: Sepsis, Pneumonia, Acute Respiratory Failure with Hypoxia.</p> <p>-meeting criteria for sepsis with tachycardia + (positive) leukocytosis (increased white blood cells indicating infection) and source being pneumonia. Associated with acute on chronic kidney injury.</p> <p>-Currently on 2L (liters) to maintain sats >90%, received Rocephin and azithromycin in ED.</p> <p>-Currently hemodynamically stable, will check lactic acid and send blood cultures. Continue with Rocephin and azithromycin.</p> <p>Hypertension: significant elevated BP, will add low-dose hydralazine</p> <p>Acute on chronic kidney disease, hyperkalemia (elevated potassium), acidosis: Hx (history) of CKD4, cr (creatinine) 5.3 up from previous 4.4, K (potassium) 5.7 and bicarb 16; IVF (intravenous fluids), monitor strict I&O (intake and output), K down from previous 6; repeat BMP (basic metabolic panel)</p> <p>R5 expired on 1/22/25 at the hospital.</p>	F 684			

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F 684	Continued From page 14 On 3/17/15 at 12:50 PM, Surveyor interviewed NM C (Nurse Manager). Surveyor asked NM C what his expectations were for a resident who was to be monitored. NM C stated, if a resident is to be monitored would expect VS, cognition, pain all that every hour. On 3/17/25 at 1:00 PM, Surveyor interviewed RN G (Registered Nurse). Surveyor asked RN G if she remembered R5 and what she remembered from the day he was sent to the hospital. RN G stated, R5 was bad the previous day (before being sent out) and I called his son (AHCPOA) and told him R5 didn't sound good and asked if he was okay with sending him to the hospital. Surveyor asked RN G if she remembers how R5 was transported to the hospital. RN G stated, I can't remember if R5 was sent by ambulance or taxi. Oh, I remember now, R5 was sent to the hospital via taxi. I remember because the hospital called and said R5 should have not been sent via taxi. I should have called an ambulance. Surveyor asked RN G what SOP (standard of practice) the facility uses. RN G stated, I am not sure. Surveyor asked RN G if should be monitored, what would you expect to be done. RN G stated, check VS, lung sounds, pain level with VS q (every) 1 hour but check on them every 15 minutes. On 3/17/25 at 1:50 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how staff determine what to use for transportation when sending a resident out to the hospital. DON B states we would need an order from MD then update family. Typically, if a resident is going to ER, we will send by ambulance. Surveyor asked DON B if a resident	F 684			

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F 684	<p>Continued From page 15</p> <p>is to be monitored what her expectations would be for monitoring. DON B states I would expect staff would be doing lung sounds, VS, pain monitoring, turgor. Surveyor asked DON B how often that should be done. DON B stated, at least every hour. Surveyor reviewed R5's note indicating R5's son/AHCPOA wanted him monitored for a few hours then would make a decision on sending to the ER. Surveyor asked DON B if she would have expected staff to monitor R5. DON B stated, I would have expected more. DON B stated I would expect RN to be monitoring or MA (medication aide) to report to RN any data she collects or observations made.</p> <p>On 3/17/25 at 2:10 PM, Surveyor interviewed RN D (Registered Nurse). Surveyor asked RN D what monitoring of a resident for change of condition can be done by an MA. RN D stated, the MA should follow up on the residents status. Surveyor asked RN D what expectations for monitoring would be for the MA. RN D states check on the resident more frequently, probably every 1 hour and asking how they are doing. If concerns, then would report to another nurse, then VS and report and document what seeing. Surveyor asked RN D how staff determine what type of transportation the facility will use when transferring a resident to the hospital. RN D states if the resident is stable and going to the clinic I would send via taxi. If a resident is going to the ER I am sending them via ambulance. Surveyor asked RN D what SOP (Standard of Practice) the facility uses for change of condition. RN D stated, I don't know off the top of my head.</p> <p>On 3/17/25 at 2:25 PM, Surveyor interviewed CNA/MA E. Surveyor asked CNA/MA E what you</p>	F 684			

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F 684	<p>Continued From page 16</p> <p>would need to do when told a resident needs to be monitored. CNA/MA E states I would have to update the charge nurse, charge nurse completes any paperwork and MD notification. Check on the resident making sure nothing out of the ordinary, check VS and report changes. There is always an RN in the building when I am working. I would go to any floor RN with concerns if charge nurse is not here. Surveyor asked CNA/MA E if she had checked on or monitored R5 during her shift. CNA/MA E states there was nothing out of the ordinary that I can remember and if I didn't chart or anyone else didn't chart then it wasn't done. If a resident needs more frequent vitals it would be put in the MAR (Medication Administration Record)/TAR (Treatment Administration Record).</p> <p>On 3/17/25 at 3:30 PM, Surveyor interviewed NP F (Nurse Practitioner). Surveyor asked NP F if she could recall what R5 was presenting like. NP F stated, I saw him on 12/16/24 for my rounds and then again 1/20/25. He was not on the list to be seen but staff were concerned and asked me to look at him. R5 reported when I saw him that he was more SOB (Short of Breath) but did not appear to be. I believe he requested to go out and I told staff that if he wanted to go to send him. I didn't feel that it was imminent. I was told his vitals were stable. Surveyor asked NP F if staff were to be monitoring R5 what her expectations would be for monitoring. NP F stated, I would expect them to monitoring lung sounds, VS, SPO2 (oxygen saturation) and checking on him every 15 to 30 minutes. Surveyor asked NP F if R5 had a known history of calling out. NP F stated, R5 did call out often due to PTSD (Post Traumatic Stress Disorder). Surveyor asked if she thought that R5 being</p>	F 684			

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F 684	<p>Continued From page 17</p> <p>transferred to the hospital by taxi was appropriate. NP F stated, I think that might have been okay but with my experience I wouldn't send via taxi. I don't know what was all going on.</p> <p>Of Note: NP F did not complete a progress note on 1/20/25 when she saw R5. During interview NP F indicates she is going off memory as she had no notes on the visit.</p> <p>Example 2</p> <p>R4 admitted to the facility on 5/19/2020. R4's diagnoses include in part: Unspecified atrial fibrillation, muscle wasting and atrophy, Acute diastolic (congestive) heart failure, Hypertensive heart disease with heart failure (heart issues that develop due to long-term high blood pressure), Atherosclerotic heart disease of native coronary artery without angina pectoris (damage or disease in the heart's major blood vessels without chest pain), localized edema, venous insufficiency (chronic) (peripheral), Unspecified atherosclerosis of native arteries of extremities (buildup of substances in and on the artery walls), and long term (current) use of anticoagulants.</p> <p>R4's Brief Interview for Mental Status (BIMS) was 12 out of 15 on the most recent Minimum Data Set (MDS) dated 3/10/25, which indicates R4's cognition is moderately impaired. R4 is her own decision maker.</p> <p>Nursing progress notes for R4 include, in part:</p> <p>Dated 1/20/25 at 4:50 AM, Resident was up to bathroom at 0430 with assist and walker, then</p>	F 684			

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F 684	<p>Continued From page 18</p> <p>returned to recliner, apical pulse (the heartbeat as it is felt at the apex (bottom) of the heart) 112 after walking to and from bathroom and continues with irregular that is fairly regular. States she feels tired and reminded her of time and she could sleep some more before having to get up for the day.</p> <p>Dated 1/20/25 at 2:31 PM, Resident denied weakness or dizziness this morning and stated when asked that she felt fine. Apical pulse this shift: 96 bpm (beats per minute) and continues to be irregular. Resident notified writer after her appointment, nearing the end of the shift, that she had experienced chest pressure this morning and sometime yesterday. Resident educated to notify staff immediately if this occurs. Resident stated it went away after drinking some fluids. Resident denied having any chest pressure or pain at this time. VS (vital signs) obtained and were stable, with the exception of irregular pulse. Resident's PCP (Primary Care Provider) is not in office. Writer attempted several times to notify on-call MD (Medical Doctor) without success. Left voicemail requesting to return call. On-coming nurse made aware. Will continue to monitor.</p> <p>Dated 1/20/25 at 4:48 PM, On-call MD returned call and was updated on resident history and situation. Stated that resident either needed to go to urgent care or to be seen by a provider sometime this week. Stated if apical pulse goes above 115 needs to go to urgent care/ER (Emergency Room) or receive treatment. Writer talked with resident. Resident stated that she was fine for now and did not want to go to ER at this time. Writer informed resident to let staff know if decides otherwise. Writer put resident down on physician rounds to be seen this week. Charge</p>	F 684			

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F 684	<p>Continued From page 19 nurse is aware.</p> <p>It is important to note no other assessments were completed on R4 until 5:00 AM the next morning, which is about a 14.5 hours since the last assessment and MD stating to send R4 to the ER if her heart rate went above 115.</p> <p>Dated 1/21/25 at 6:29 AM, Residents HR (heart rate) upon awakening at 0500 was elevated with short bursts of tachycardia followed by short periods of bradycardia. HR was difficult to determine d/t (due to) erratic and rapid nature, but it did elevate to upwards of 120 when auscultating (using a stethoscope) but showing in the 90's on the pulse ox (pulse oximeter, an electronic device that measures the saturation of oxygen carried in your red blood cells and pulse). Resident is anticoagulated with Eliquis but does not at this time have a medication for rate control. PCP (primary care provider) office was notified via voicemail d/t the early hour, and the next shift was notified of these findings. Resident was informed of this, and she did state that she would be interested in having this treated since she is having some chest tightness with these episodes.</p> <p>Of note, R4 is presenting symptoms of tachycardia followed by bradycardia with a heart rate elevating to 120 and R4 is having chest tightness with these episodes at 0500. On call doctor stated the previous day R4 needs to go to urgent care/ER if apical pulse goes above 115, R4 stated she wanted to be treated. Facility left another voicemail for primary doctor without attempting another method of speaking with a physician.</p> <p>Dated 1/21/25 at 9:51 AM, VM (voicemail) left</p>	F 684			

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F 684	<p>Continued From page 20</p> <p>with Dr. [name]'s office asking if the physician would be willing to see the resident today when he is in the building for rounds on one of his other patients. Awaiting return call.</p> <p>Dated 1/21/25 at 10:52 AM, Writer was informed by clinic staff that this resident's PCP is out of the office until the end of February, note charge nurse had placed a call to Dr. [name] asking if would see R4 while here for rounds with a return call received that Dr. [name] will see her today while in facility doing his rounds. Unit clerk faxing requested information to Dr. [name]'s office to review prior to seeing her today. R4 updated on being seen at facility today. Apical HR 110 irregular after morning shower. Stated "at times she has some chest pain" and pointed to her mid sternum area when asked where, denied any type of radiating pain or back pain, denied shortness of breath, vertigo, or angina (chest pain) thus far today.</p> <p>Dated 1/21/25 at 1:01 PM, Continued to deny chest pain throughout the day.</p> <p>Dated 1/21/25 at 3:00 PM, Resident resting in recliner. Denies pain at this time but shared with writer that she had CP (chest pain) this morning and did not report it. VS as follows. Temp 98.0, HR 122 and irregular, resp 22, B/P 130/87 and sat 98% on RA. 1 + edema to lower extremities. R>L. Breath sounds with crackles to right base. Denies CP at this time. Dr. [name] in house and assessed. Order received to send to ER. Writer spoke with Dr. [name]'s MA (medical assistant) per his request to report VS. Writer also called Hospital ER and report given to nurse.</p> <p>It is important to note the in-house doctor</p>	F 684			

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F 684	<p>Continued From page 21</p> <p>assessed R4 10 hours after nurse noted R4 was presenting episodes of tachycardia and bradycardia, chest tightness, and a HR of 120.</p> <p>Dated 1/21/25 at 4:06 PM, HUC (health unit clerk) took resident to front office with scheduler at approximately 3:30 PM. Resident left facility around that time.</p> <p>Of note, this progress note does not specify how resident was transported to the hospital. Surveyor interviews with staff indicate resident went to the hospital via taxi.</p> <p>Dated 1/21/25 at 5:09 PM, Call from ER. Resident given 120mg Diltiazem with effective results. New order received for Diltiazem 120mg daily in the evening for BP/heart rhythm control. Potassium level was slightly low and troponin level slightly elevated but physician wasn't concerned with these lab results at this time as resident has reported chest discomfort as of late. Resident returning via taxi service soon.</p> <p>Dated 1/21/25 at 10:14 PM, Resident returned from hospital via taxi at approximately 5:20 PM. Ate toast and had coffee. Took scheduled medications. Denies CP (chest pain). HR (heart rate) 89 and irregular.</p> <p>Surveyor reviewed the ER report from 1/21/25. It states, in part: presents with rapid heart rate on and off this week, she says is worse in the morning and then it resolves, does have a history of A-fib (irregular heart rate). Denies any pain, says she can feel her heart racing in the morning and that it seems to stop. EKG: A-fib RVR (rapid ventricular response) with a wide complex. ED Course and Medical Decision Making: Emerged</p>	F 684			

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F 684	<p>Continued From page 22</p> <p>from her course consisted of 5mg verapamil, her heart rate came from the 160's down to the 90's, patient felt better, will discharge home, diagnose A-fib RVR. She will be started on Cardizem CD 120mg p.o.(by mouth) nightly, follow-up with her doctor, return for worsening symptoms. Patient was resting comfortably here in the Emergency Department. Prescriptions: New Diltiazem HCl 120mg capsule, extended release 24 hr - 120mg PO daily.</p> <p>On 3/17/25 at 1:23 PM, Surveyor interviewed RN H (Registered Nurse) regarding how R4 got transported to hospital on 1/21/25 as her nursing note did not specify the transportation used. Nurse stated she wasn't sure which transportation service was used, stated the charge nurse, RN C, took care of the transportation. RN H stated she remembers resident coming back to facility via taxi on 1/21/25.</p> <p>On 3/17/25 at 1:35 PM, Surveyor interviewed RN C and asked how resident was transported to the hospital on 1/21/25. RN C indicated an ambulance was used and gave Surveyor the phone number for the ambulance service.</p> <p>On 3/17/25 at 2:04 PM, Surveyor called the ambulance service and they told Surveyor no call was placed from the facility on 1/21/25, stated they didn't go to the facility at all on 1/21/25.</p> <p>On 3/17/25 at 2:18 PM, Surveyor interviewed RN C again to ask if it was possible a different ambulance service was used to transport resident. RN C stated no, it would have been the one he told Surveyor prior. Surveyor then asked if it was possible a taxi service was used to</p>	F 684			

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F 684	<p>Continued From page 23</p> <p>transport resident to hospital. RN C stated yes, it was possible and gave Surveyor phone number for the taxi service the facility uses.</p> <p>On 3/17/25 at 2:26 PM, Surveyor called the taxi service and the manager indicated they were called to come to the facility to pick up R4, left facility at 3:40pm and transported her to the ER on 1/21/25, arrived at ER at 3:51pm.</p> <p>Of note, R4 was presenting with symptoms of tachycardia (elevated heart rate), bradycardia (low heart rate), a HR of 122 and irregular, and R4 having chest tightness with these episodes. Facility chose to send the resident to ER via taxi instead of an ambulance.</p> <p>On 3/17/25 at 5:35 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B when contacting the physician for a residents change of condition, in what circumstances is it okay to leave a voicemail versus speak with a physician. DON B stated, "A lot of times when we are calling the physician it is during office hours, so we are leaving a message and waiting for a return call." Surveyor asked DON B how long the typical wait was for the physician to return the call. DON B states, "It depends." Surveyor asked DON B how long do staff wait for a return call before they contact another provider or send a resident out. DON B stated, "That also depends on the situation." Surveyor asked when Standards of Practice indicates immediate notification to MD, is it okay to leave a message or voicemail. DON B stated, "I don't think we have any option but to wait for them to call us back or we would just be sending out."</p>	F 684			

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F 684	<p><u>Continued From page 24</u></p> <p>Staff failure to recognize an acute change in condition, failure to closely monitor and assess a resident with an acute change in condition, and failure to send a resident to the hospital via ambulance rather than a taxi during an acute change of condition resulted in a delay of treatment and alternative interventions which created a finding of immediate Jeopardy. The Facility removed the jeopardy on 3/21/25 when it had completed the following:</p> <p>Staff education started on 03/18/2025 in regard to Change in condition ie: what is a change in condition, how to recognize, appropriate response to COC, Physician notification as well as assessments required for COC. Staff are required to review prior to the start of their shift. Staff are educated to to assess the resident for the COC, gather Vitals, symptoms, changes above baseline condition, at a minimum of twice a shift or transferred for further evaluation. MD should notified upon the COC, vitals, symptoms, interventions, reactions, pain, infections, neurological changes, falls, As soon as possible following COC.</p> <p>We have a scheduled Mandatory all staff meeting on 03/24/2025 at 06:00am and 02:30pm in regard to COC and follow up from education provided to ensure they are understanding of requirements and to obtain feedback.</p> <p>Education will be provided for new hires during orientation time in the form of educations that are provided for the staff above, agency will be given the same information.</p> <p>Starting 03/20/2025 management staff will be doing scenario-based competencies with management acting as the person with COC to</p>	F 684			

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F 684	Continued From page 25 see and address the response to the COC. 3/20/2025 at 11am QAPI was held with medical director to review the COC policy, physician notification policy, added a COC assessment policy and Medication aide policy and with scope of practice to ensure required components. Reviewed Transportation policy as well. Medical Director recommended reaching out the Richland Doctors regarding the return call back from the PCP's or on Call provider to ensure that we are receiving a call back within 30 minutes of a call out to them. DON or Designees will audit 10 residents daily for 3 weeks, 10 residents 3 times weekly for 4 weeks, 10 residents 2 times weekly for 4 weeks and 10 residents 1 time weekly for 4 weeks to ensure COC are documented appropriately with assessments that pertain to that COC. DON or designee will review the 24 hour report along with the progress notes 5 times per week for 4 weeks, 3 times per week for 4 weeks, 2 times per week for 4 weeks and 1 time weekly for 4 weeks to ensure appropriate charting and follow up is completed regarding COC. Finding will be reported during QAPI for any additional recommendations and review.	F 684			
F 729 SS=D	Nurse Aide Registry Verification, Retraining CFR(s): 483.35(d)(4)-(6) §483.35(d)(4) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation	F 729			

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F 729	<p>Continued From page 26</p> <p>requirements unless-</p> <p>(i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or</p> <p>(ii) The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.</p> <p>§483.35(d)(5) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual.</p> <p>§483.35(d)(6) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility did not ensure that a Certified Nursing Assistant (CNA) was currently certified on the Nurse Aide Registry before continuing to work in the facility for 1 of 5 staff reviewed.</p> <p>CNA E's Wisconsin Nurse Aide Registry certification was expired and CNA E continued</p>	F 729			

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F 729	Continued From page 27 working in the facility. Findings include: According to the Wisconsin Nurse Aide Training and Registry, nurse aides must be listed on the Wisconsin Nurse Aide Registry in order to be employed in any federally eligible health care setting in Wisconsin. On 3/31/25, Surveyor reviewed CNA registry information for 5 random CNAs. CNA E was listed on the registry, but her certification had expired on 2/28/25. CNA E had worked in the facility 11 days since the expiration of her certification according to documentation provided by the facility. On 8/13/24 at 11:15 AM, Surveyor interviewed NHA A (Nursing Home Administrator) about the expired CNA Registry for CNA E. NHA A stated that she was unaware until today that CNA E's certification had expired. NHA A stated that she called CNA E today when the registry expiration was discovered. NHA A indicated CNA E stated that she had submitted it weeks previous to her other employer, a local hospital, but had not heard back. NHA A stated that she would submit the appropriate paperwork on behalf of the facility to ensure her certification gets renewed as soon as possible	F 729			
F 730 SS=D	Nurse Aide Perform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service	F 730			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/31/2025
NAME OF PROVIDER OR SUPPLIER PINE VALLEY COMMUNITY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 25951 CIRCLE VIEW LANE RICHLAND CENTER, WI 53581		
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F 730	<p>Continued From page 28</p> <p>education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility did not complete a performance review of every nurse aide at least once every 12 months for 3 of 5 Certified Nursing Assistants (CNAs) reviewed.</p> <p>CNA K did not have an annual performance evaluation completed.</p> <p>CNA L did not have an annual performance evaluation completed.</p> <p>CNA M did not have an annual performance evaluation completed.</p> <p>This is evidence by:</p> <p>The Facilities Policy and Procedure entitled "Training/competencies of Nursing Staff" dated 8/4/17 documents, in part: "The facility will complete a performance review of every CNA at least once every 12 months and provide regular in service education based on the outcome of these reviews."</p> <p>Example 1</p> <p>CNA K's hire date was 8/6/18. CNA K did not have an annual performance evaluation completed.</p> <p>Example 2</p> <p>CNA L's hire date was 11/19/18. CNA L did not have an annual performance evaluation</p>	F 730			

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F 730	<p>Continued From page 29 completed.</p> <p>Example 3</p> <p>CNA M's hire date was 10/25/22. CNA M did not have an annual performance evaluation completed.</p> <p>On 3/31/25 at 1:30 PM, Surveyor interviewed NHAA (Nursing Home Administrator). Surveyor asked NHAA how often are CNA evaluations to be done, NHAA said yearly. Surveyor asked NHAA should all CNA's have an up-to-date evaluation, NHAA stated, "Yes."</p>	F 730			

PLAN OF CORRECTION

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Street Address/City/Zip Code:	
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Survey Date (X3):	03/31/2025
Survey Event ID Number:	4FDX11

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
F610- Investigate/prevent/Correct Alleged Violation	What Corrective actions will be accomplished for those residents found to have been affected by the deficient practice	
	03/17/2025 R2 was reimbursed the \$42.00 On 03/19/2025 Social Service department interviewed other residents to determine if they were missing any money, per the interviews no other residents were missing money. Residents were interviewed again on 03/27/2025 for same concerns and none were noted. 03/21/2025- Staff education was started in regards to abuse reporting, timelines and resident rights.	03/27/2025
	How will you identify other residents having the potential to be affected by the same deficient practice does not occur	
	On 03/19/2025 Social Service department interviewed other residents to determine if they were missing any money, per the interviews no other residents were missing money. Residents were interviewed again on 03/27/2025 for same concerns and none were noted. 03/21/2025- Staff education was started in regards to abuse reporting, timelines and resident rights.	03/27/2025
	What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.	
	On 03/18/2025 Administrator educated social services department on the importance of the investigative process and the importance of interviewing like residents as well as educating staff. On 03/24/2025- Administrator with SSD educated all staff in regards to abuse, reporting and investigating. Staff were given a questionnaire to go over with NHA and SSD to fill out and answer questions.	03/24/2025

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	03/19/2025- Administrator will be reviewing self reports to ensure they are completed with resident interviews and staff education moving forward.	
	How the facility plans to monitor its performance to make sure that solutions are sustained.	
	Administrator or designee will audit self reports for their completeness ensuring that other residents were interviewed and staff education was provided 3x weekly for 4 weeks 1x weekly for 4 weeks, 1x biweekly for 6 weeks and monthly for 3 months. Finding will be reported during QAPI for any additional recommendations and review.	04/18/2025
F684- Quality Of Care	What Corrective actions will be accomplished for those residents found to have been affected by the deficient practice	
	R2 had a follow up visit on 02/10/2025, she has an additional follow up visit scheduled for 03/24/2025 with Brenda Risedorf NP to review afib symptoms and chart reivew. DON talked with Dr. Dickman to review the response times from PCP's, he instructed the following: he stated that if we call the PCP and if 30 minutes passes, we are then to call the triage nurses and inform them of the situation to which he stated that they would go get the doctor immediately to get the response, he feels this will work, if for some reason this does not work, we are instructed to call the PCP cellphone instead and if that does not work we are to call medical director. He is also going to ensure that this is relayed to the PCP and NPs that come here, so that there is no delay.	03/24/2025
	How will you identify other residents having the potential to be affected by the same deficient practice does not occur	

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	DON, RN supervisors and MDS Coordinator reviewed all resident charts date back to 01/01/2025 to current date for any additional concerns in regards to Change in Condition. Any additional concerns will be addressed with re-educations and teachable moments.	03/18/2025
	What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur./	
	<p>Staff education started on 03/18/2025 in regards to Change in condition ie: what is a change in condition, how to recognize, appropriate response to COC, Phycian notification as well as assessments required for COC, Staff are required to review prior to the start of their shift. Staff are educated to to assess the resident for the COC, gather Vitals, symptoms, changes above baseline condition, at a minimum of twice a shift or transferred for further evaluation. MD should notified upon the COC, vitals, symptoms, interventions, reactions, pain, infections, neurological changes, falls, As soon as possible following COC.</p> <p>We have a scheduled Mandatory all staff meeting on 03/24/2025 at 06:00am and 02:30pm in regards to COC and follow up from education provided to ensure they are understanding of requirments and to obtain feedback.</p> <p>Eduction will be provided for new hires during orientation time in the form of educations that are provided for the staff above, agency will be given the same information.</p> <p>Starting 03/20/2025 management staff will be doing scenerio based competencies with management acting as the person with COC to see and address the response to the COC.</p> <p>3/20/2025 at 11am QAPI was held with medical director to review the COC policy, phycian notification policy, added a COC assesssment policy</p>	04/10/2025

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	<p>and Medication aide policy and with scope of practice to ensure required components.</p> <p>-Transportation policy updated to reflect the COC requirements and that residents must go via EMS with a change in condition.</p> <p>-Nursing staff meeting 04/09/2025 at 10am and 1pm held to go over any issues noted, answer any questions and ensure understanding of the requirements of the COC after implementation of multiple tools.</p> <p>-Our new way of communicating with the Dr's in order to get quicker communication is during the week, we are to call the triage line and let the nurse know what is going on so we can get a call right away and get orders much quicker. If they do not get a response in 30 mins the staff are instructed to call the Dr's cellphone number instead. Last step is to reach out to Medical director to ensure timely communication.</p>	
	How the facility plans to monitor its performance to make sure that solutions are sustained.	
	<p>DON or Designees will audit 10 residents daily for 3 weeks, 10 residents 3 times weekly for 4 weeks, 10 residents 2 times weekly for 4 weeks and 10 residents 1 time weekly for 4 weeks to ensure COC are documented appropriately with assessments that pertain to that COC.</p> <p>DON or designee will review the 24 hour report along with the progress notes 5 times per week for 4 weeks, 3 times per week for 4 weeks, 2 times per week for 4 weeks and 1 time weekly for 4 weeks to ensure appropriate charting and follow up is completed regarding COC.</p> <p>Finding will be reported during QAPI for any additional recommendations</p>	04/18/2025

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	and review.	
F729- Nurse Aide Registry Verification	What Corrective actions will be accomplished for those residents found to have been affected by the deficient practice	
	CNA E sent verification over on 03/31/2025 and was verified by HR generalist and license is now currently active with expiration 02/28/2025.	03/31/2025
	How will you identify other residents having the potential to be affected by the same deficient practice does not occur	
	HR Generalist completed an audit on all Nursing staff to ensure good standing in terms of active license.	04/01/2025
	What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.	
	HR generalist was educated in regards to the registry and ensuring that nursing staff complete their recertification on time HR generalist created a communication form to give to staff to remind them of their certification dates of renewal.	04/07/2025
	How the facility plans to monitor its performance to make sure that solutions are sustained.	
	HR Generalist or designee will audit 7 employees 5x a week for 4 weeks, 7 employees 1x weekly for 4 weeks, 1 x biweekly for 8 weeks and 1x monthly for 2 months Finding will be reported during QAPI for any additional recommendations and review.	04/18/2025
F730- Nurse Aide Perform	What Corrective actions will be accomplished for those residents found to have been affected by the deficient practice	

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Review		
	CNA L Annual review was completed on 04/04/2025 CNA M Annual review was completed on 04/03/2025 CNA K Annual review was completed on 04/09/2025	04/09/2025
	How will you identify other residents having the potential to be affected by the same deficient practice does not occur	
	Audit was completed by HR generalist and Administrator on 03/31/2025 of all staff to determine when last annual review was completed, HR generalist assisted all department heads with creating the annual reviews and calendar to sit down and go over those with the staff members. The administrator provided education to department heads regarding the annual reviews that is in our policy and the importance of ensuring the growth of the staff	04/07/2025
	What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.	
	HR generalist has created a paper calendar of all staff and their hire date to ensure the annual review is being completed timely. HR generalist will put together the performance packet and give to the department heads on the 1 st of each month with reminder to return to HR in 7 days. HR generalist has it on the calendar to follow up on the 15 th of the month to ensure compliance.	04/04/2025
	How the facility plans to monitor its performance to make sure that solutions are sustained.	
	HR Generalist or designee will audit 7 employees 5x a week for 4 weeks, 7 employees 1x weekly for 4 weeks, 1 x biweekly for 8 weeks and 1x monthly for 2 months Finding will be reported during QAPI for any additional recommendations and review.	04/18/2025

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