

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Edgerton Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 313 Stoughton Rd Edgerton, WI 53534	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on record review, interview, and admission packet review, the facility failed to refund a resident's money within 30 days of discharge for one of three residents (Resident (R) 1) reviewed for refunds of eight sample residents. This failure could potentially cause financial hardship for the residents.</p> <p>Findings include:</p> <p>Review of the facility's undated admission packet, provided by the facility, revealed Refunds. Facility will make any refunds of any prepaid fees within thirty (30) days of discharge.</p> <p>Review of R1's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 12/31/24 and located in the Resident Assessment Instrument (RAI) tab of the electronic medical record (EMR) revealed an admission date of 12/24/24. R1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R1 was cognitively intact. R1 had diagnoses of benign neoplasm of cerebral meninges, other specified disorders of the brain, and hemiplegia, unspecified affecting left dominant side.</p> <p>Review of R1's January 2025 Resident Account Detail, provided by the facility, revealed for the service dates 01/06/25-01/31/25, a check in the amount of \$10,114.00 was received and left a balance in the amount of \$3,254.00.</p> <p>Review of a Refund Request Form, dated 03/03/25, provided by the facility, revealed Make check payable to [Family Member (FM) 1] .Amount of refund \$3254.00, and Reason for refund resident discharged and paid ahead.</p> <p>Review of the facility's Grievance Log, dated 05/05/25, revealed [FM1] refund payment submitted.</p> <p>Review of a check paid to the order of R1, from the facility in the amount of \$3,254.00 was dated 05/06/25. This date was 73 days past the 30-day requirement.</p> <p>During a telephone interview on 05/27/25 at 11:24 AM, FM1 stated she was finally refunded a check for \$3400 after contacting the facility several times. FM1 stated she was told the delay was due to two different pay systems, the first system caused the refund request to get skipped, but the second system caught it. FM1 stated she had prepaid the month of January 2025 but R1 left early on 01/23/25.</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/28/25 at 1:47 PM, the Administrator was asked about refunds. The Administrator stated they didn't have a policy and wasn't sure if it stated, 30 days in the admission Packet. The Administrator stated they had some recent issues with the accounting system having a glitch. The Administrator stated the refunds were getting stuck in the Mineral Tree, which was their new accounts payable software. The Administrator stated they discovered the glitch and were discussing the resolution and were now checking to make sure no other refunds are delayed. The Administrator stated R1 was owed a refund and wasn't aware until it was brought to the facility's attention. The Administrator stated the system didn't catch R1's refund. The Administrator stated it should not have taken four months for R1 to receive a refund. The Administrator stated she realized the refunds should be within 30 days. The Administrator confirmed R1 was private pay, and the refund was for prepaid nursing care.</p>