STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017630	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLOUEZ PARKSIDE VILLAGE 1 LLC	1901 LIBAL ST GREEN BAY, WI 54301

(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) COMPLETE DATE
N 000	Initial Comments A complaint investigation was conducted at Allouez Parkside Village 1 LLC on 06/20/2023. As a result of this investigation, the complaint was substantiated with 1 deficient practice identified. Census: 52	N 000		
N 318	83.29(3)(a) Refunds returned within 30 days of discharge The CBRF shall return all refunds due a resident under the terms of the admission agreement within 30 days after the date of discharge. This Rule is not met as evidenced by: Based on record review and staff and family interviews the provider did not return an overpayment of $4,900.00 of resident funds within 30 days of discharge for 1 out of 1 resident (Resident 1) reviewed. Findings include: On 06/20/2023, Surveyor reviewed Resident 1's record at the facility to investigate a concern about resident refunds. Resident 1 was admitted to the facility on 04/21/2021 with diagnoses of cerebral amyloid angiopathy, HTN, and dementia. Resident 1 was hospitalized due to health concerns on 05/15/2022 and expired at the hospital on 05/23/2022. Surveyor's review of the Provider Claims Sheet from Lakeland Family Care on 06/20/2023 showed Resident 1 was eligible for Family Care through them effective 11/01/2021. The facility Payment Receipt Report showed Resident 1 paid a private rate of $4,900.00 on 11/01/2021 to the	N 318		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 318	Continued From page 1	N 318		

provider. There was no noted re-reimbursement to Resident 1 or family as of 06/20/2023.

Resident 1's Admission Agreement signed April 19, 2021 (04/19/2021) stated under Source of Payment: "It is understood the resident is ultimately responsible for all payments and charges unless another representative payee is specified." The provider had evidence Lakeland Family Care was the payee for Resident 1 effective 11/01/2021.

During an interview with Surveyor on 06/20/2023 at approximately 9:30 AM, ADM (Administrator) - A confirmed Resident 1 paid $4,900.00 privately for November 2021 and then went on Lakeland Family Care after the payment. T'S (Training Specialist) - B said the owner said Resident 1 wouldn't have been eligible for Family Care if they had not paid the $4,900.00.

In an interview with Surveyor on 06/20/2023 at 10:00 AM, BS (Facility's Billing Specialist) - C confirmed Resident 1 was private pay from 04/19/2021 to 11/01/2021. BS - C confirmed Resident 1 paid $4,900.00 on 11/01/2021 which was the private pay rate so Lakeland Family Care was not billed. BS - C said this was discussed with the facility director that Lakeland should have been billed instead of the family and confirmed there was no record of a re-payment of the $4,900.00 to the family of Resident 1.

In an interview with Surveyor on 06/20/2023 at 10:20 AM , LPS (Lakeland Provider Specialist) - D confirmed Resident 1 was eligible for Family Care as of 11/01/2021 and Lakeland, instead of Resident 1, should have been billed and that the family should have been refunded the $4,900.00 they paid 11/01/2021. LPS - D said there was

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N 318	Continued From page 2	N 318		

some overlap when Family Care began but the final approval letter came through 01/05/2022 and Resident 1's family should have been re-reimbursed then. The facility was aware as Lakeland was billed in December 2021. LPS - D said ARC (Aging Resource Center) made the decision when eligible and showed Resident 1 became eligible as of 11/01/2021.

During an interview with Surveyor on 06/20/2023 at 10:30 am, FMBR (Family Member) - E confirmed the provider had not refunded $4,900.00 paid by the family on 11/01/2021 when Lakeland Family Care should have been billed instead. FMBR - E said this was an automatic withdrawal from Resident 1's spouse's account on 11/01/2021 as Resident 1's money had run out and ARC (Aging Resource Center) told the family Resident 1 was eligible for Family Care as of 11/01/2021. FMBR - E indicated having multiple conversations with the provider about returning the $4,900.00 with no results. FMBR - E stated the family also paid Lakeland Family Care the $900.00 cost of care for November for Resident 1 which was all that was owed.

In an interview with Surveyor on 06/20/2023 at approximately 11:30 AM, ADM - A said the provider maintains this issue was thoroughly looked at before and the provider was told they did not need to refund the money.