STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016033	A. BUILDING: _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT WISCONSIN RAPIDS-MEMOR	**2440 BAKER ST WISCONSIN RAPIDS, WI 54494**

(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 On 01/24/2024, Surveyor conducted an onsite visit at The Waterford at Wisconsin Rapids Memory Care to investigate one complaint. Additional information was gathered through 01/30/2024. The complaint was substantiated and one new deficiency was identified. Census: 17	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 interview, the provider did not ensure all refunds due to a resident under the terms of the admission agreement were returned within 30 days of discharge. Resident 1 passed away on 10/30/2023. The provider did not issue a refund for fees consistent with the admission agreement within 30 days and as of 01/24/2024 the refund had not been issued. Findings include: On 01/16/2024, the Department received a complaint regarding refunds. On 01/24/2024 at 12:40 PM, Surveyor reviewed the facility's current admission agreement, provided by Executive Director A. The document read, "...Your Monthly Rent is due in advance by the (1st) day of each calendar month...Death.	N 318		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 318	Continued From page 1	N 318		

This Agreement will immediately terminate upon your death .... Your estate or Your Guarantor will continue to be responsible for all outstanding fees due at the time of your death and for fees occurring until the later of (i) fourteen (14) days after Your death or (ii) Your personal possessions are removed from Your Unit as described herein..."

On 01/24/2024 at 1:15 PM, Surveyor interviewed Executive Director A. Executive Director A confirmed the aforementioned policy regarding refunds in the admission agreement was accurate.

Surveyor asked if any residents had recently passed away but not yet received their refund. Executive Director A stated the following:
- Resident 1's closed record was not at the facility and immediately available for Surveyor's review.
- Resident 1 resided in the facility until s/he died in late October 2023.
- Resident 1's family promptly moved out his/her belongings.
- On 11/01/2023, Resident 1's family was charged for the entire month's rent for November.
- As of 01/24/2024, Resident 1's benefactor had not yet been issued a refund, which Executive Director A calculated to be $3,855.33.
- "I will take full responsibility...I blame myself, I am the Executive Director of the community...I want to correct this."
- The corporate office is out of state and s/he would contact them immediately to facilitate issuance of the refund.

On 01/24/2024 at 4:05 PM, Surveyor received an email from Executive Director A which included a photo of a check in the amount of $3,855.33 issued to Resident 1's benefactor. Executive

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WATERFORD AT WISCONSIN RAPIDS-MEMOR	**2440 BAKER ST WISCONSIN RAPIDS, WI 54494**

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N 318	Continued From page 2 Director A wrote in the email, the "check is already in the mail." On 01/30/2024 at 12:50 PM, Surveyor interviewed Family Member C (Benefactor B's spouse). S/he verified Resident 1 died on 10/30/2023 and all personal belongings were removed from the room on 10/31/2023. Family Member C stated as of 12:50 PM, neither s/he nor Benefactor B had received a refund either via check or via refund to their bank account.	N 318		