

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER Evergreen Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 N Westfield St Oshkosh, WI 54902	
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)		
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45943</p> <p>Based on staff interview and record review, the facility did not ensure 3 Residents (R) (R100, R101, and R102) of 3 residents signed and received copies of the Notice of Medicare Non-Coverage (NOMNC) form and/or Skilled Nursing Facility Advanced Beneficiary Notice (ABN) form which are used to inform residents of their final day of Medicare Part A insurance coverage, potential liability for payment (daily cost of care and services at the facility) and standard claim appeal rights and instructions.</p> <p>The facility did not provide an ABN form (a document which explains financial liability, including the facility's daily rate for services) to R100 when R100's Medicare Part A benefits ended on [DATE] and R100 remained in the facility.</p> <p>The facility did not provide an ABN form to R101 when R1's Medicare Part A benefits ended on [DATE] and R101 remained in the facility.</p> <p>The facility did not obtain a signed NOMNC form for R102 who was discharged home.</p> <p>Findings include:</p> <p>Instructions for the Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage (ABN) form indicate: The ABN provides information to the beneficiary so that he/she can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility.</p> <p>Instructions for the Notice of Medicare Non-Coverage (NOMNC) form indicate: The NOMNC must be delivered at least two calendar days before Medicare-covered services end or the second to last day of service if care is not being provided daily. Note: The two-day advance requirement is not a 48 hour requirement .The provider must ensure that the beneficiary or representative signs and dates the NOMNC to demonstrate that the beneficiary or representative received the notice and understands that the termination decision can be disputed.</p> <p>1. On [DATE], Surveyor reviewed R100's medical record as part of a sample of residents whose Medicare Part A coverage ended. R100's Medicare Part A Skilled Services last covered day was [DATE]. R100 remained in the facility. Surveyor reviewed the Beneficiary Protection Notification Review in which the facility noted R100's last covered day was [DATE]. The ABN form was waived and R100 elected to receive hospice services. R100 expired on [DATE]. The facility did not ensure the form was signed.</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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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>2. On [DATE], Surveyor reviewed R101's medical record as part of a sample of residents whose Medicare Part A coverage ended. R101's Medicare Part A Skilled Services last covered day was [DATE]. R100 remained in the facility. Surveyor reviewed the Beneficiary Protection Notification Review. The facility noted the form was missed because the Social Worker was covering short and long-term care.</p> <p>3. On [DATE], Surveyor reviewed R102's medical record as part of a sample of residents whose Medicare Part A coverage ended. R102 was discharged home. Surveyor reviewed the Beneficiary Protection Notification Review in which the facility noted the NOMNC form was issued timely, but R102's Power of Attorney for Healthcare (POAHC) did not sign the form.</p> <p>On [DATE] at 11:15 AM, Surveyor interviewed Social Worker (SW)-E who indicated it is usually the Social Worker's responsibility to complete the beneficiary notices. SW-E stated prior to [DATE], the ABN form was signed on either the last covered day or the day after. The expectation was to have the ABN form signed 48 hours in advance of the last covered day. SW-E stated going forward, the new process is to have the ABN form signed the same day as the NOMNC form. SW-E stated the NOMNC date is provided by the resident's insurance company and it is SW-E's responsibility to provide the form to the resident. SW-E verified R100 passed away on the day R100's ABN form was going to be provided. SW-E verified R101's ABN form was missed and was unsure why.</p> <p>On [DATE] at 12:10 PM, Surveyor interviewed SW-E who verified R102's POAHC was given the information in the ABN form (which may have been the NOMNC form) over the phone on [DATE]. SW-E stated R102's POAHC understood the right to appeal, but chose not to, and was going to return to the facility to sign the NOMNC form. R102 discharged home on [DATE]. SW-E gave Surveyor a note written on [DATE] at 4:04 PM that indicated: (SW-E) spoke to (R102's POAHC) regarding last coverage day and NOMNC. R102's POAHC stated they will come in and sign the NOMNC form. SW-E called R102's POAHC on [DATE] who indicated they signed the NOMNC form and left the form at the front desk. SW-E stated the facility could not find the signed copy.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>45943</p> <p>Based on staff interview and record review, the facility did not implement their written policies and procedures to prevent abuse for 1 (Registered Nurse (RN)-C) of 8 staff reviewed for background checks.</p> <p>The facility did not complete a thorough background check prior to hiring RN-C as a contracted employee.</p> <p>Findings include:</p> <p>The Wisconsin Background Check and Misconduct Investigation Program Manual by the Department of Health Services (DHS), with a revision date of January 2024, indicates: At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents:</p> <ol style="list-style-type: none"> 1. A completed DHS form F-82064, Background Information Disclosure (BID) 2. A response from the Department of Justice (DOJ), either: A 'no record found' response or criminal record transcript; and 3. A Governmental Findings Report (previously know as the Integrated Background Information System (IBIS) letter) that indicates the person's status, including administrative findings or licensing restrictions. <p>An entity is required to complete caregiver background checks on caregivers .who are .contractors with the entity .</p> <p>The facility's Abuse, Neglect, Exploitation or Misappropriation of Resident Property Policy indicates: The facility will require all employees to complete a Background Information Disclosure form to allow the facility to complete a caregiver background check prior to hire. The results of background checks, checking registry and appropriate licensing boards and job references, will be used when making employment decisions with the objective of preventing resident abuse, neglect, exploitation of a resident, or theft .</p> <p>On 1/11/24, Surveyor selected a sample of 8 staff to review for background checks.</p> <p>Surveyor noted RN-C started work at the facility on 9/1/22 and worked approximately 3-4 times per week from 9/1/22 through 1/10/24. The facility did not obtain a BID form or GFR from RN-C until the information was requested in an email on 1/9/24.</p> <p>On 1/11/24 at 1:07 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated RN-C was a contracted employee.</p> <p>(continued on next page)</p>		

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/11/24 at 1:57 PM, Surveyor interviewed [NAME] President of Human Resources (VPHR)-D who provided Surveyor with an email that VPHR-D sent to RN-C during the survey that requested a copy of RN-C's BID form, DOJ letter, GFR, and license number. The facility received RN-C's BID form, GFR, and license number; however, they did not receive RN-C's DOJ letter. VPHR-D indicated RN-C's DOJ letter would be received the following week. VPHR-D stated the facility did not obtain RN-C's BID form, DOJ letter, GFR, and license number prior to hiring RN-C as a contracted employee due to an omission.		