STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009869	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIENNA MEADOWS OF OREGON	989 PARK STREET OREGON, WI 53575

(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 06/10/2025, Surveyor conducted a complaint investigation, standard survey, and verification visit at Sienna Meadows of Oregon. One deficiency was identified. One of 1 deficiency was a repeat violation. See Statement of Deficiency (SOD) 0FXG11, dated 08/12/2024. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the individual service plan (ISP) was not updated for	{N 389}		

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

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{N 389}	Continued From page 1 Resident 2 when there was a change in resident needs and abilities. Resident 2's ISP was not updated to include the use of a Hoyer lift. This is a repeat violation. See Statement of Deficiency (SOD) 0FXG11, dated 08/12/2024. Findings include: On 06/10/2025, Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted to the facility on 04/14/2025 with a diagnosis of Alzheimer's. Resident 2 moved from the next door sister facility. Resident 2 had an activated healthcare power of attorney. Resident 2's most recent ISP dated 04/14/2025 documented: "Capacity for self care" Needs total assistance. [Resident 2] now uses a sit to stand for all transfers and only ambulated with a wheelchair. [Resident 2] is a 2 person assist for toileting and uses a sit to stand to transfer." Resident 2's progress notes documented: "04/23/2025: Resident is a hoyer lift with transfers now." On 06/10/2025 at 12:45 PM, Surveyor interviewed Manager D and Staff E. Both staff confirmed Resident 2 now used a hoyer lift and his/her ISP should have been updated. Manager D reported Resident 2 moved from next door because s/he required memory care and hospice was now involved. On 06/10/2025 at 1:19 PM, Surveyor interviewed Administrator A and Manager D. Administrator A	{N 389}		

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{N 389}	Continued From page 2 acknowledged Resident 2's ISP was not updated. Administrator A reported Regional Staff F was responsible for Resident 2's admission into the provider and should have updated Resident 2's ISP to reflect the use of a hoyer lift.	{N 389}		