STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018351	A. BUILDING: _____ B. WING _____	C 06/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY SIDE MANOR WEST	4228 KADLEC DRIVE SHEBOYGAN, WI 53083

(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 06/06/2025, Surveyor conducted a standard survey and three (3) complaint investigations at Country Side Manor West. Additional information was gathered through 06/07/2025. As a result of the survey and complaint investigations, 2 of 3 complaints were substantiated, resulting in 3 deficiencies. Census: 44	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not take immediate steps to ensure the safety of all residents, thoroughly investigate,	N 158		

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

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and maintain documentation of the investigation in response to reports received which alleged potential abuse, neglect and/or mistreatment of residents.

Findings include:

On 04/15/2025, the Department received concerns regarding resident care needs not being met at the facility.

On 06/06/2025 at 8:30 AM, Surveyor requested Resident 1's record from Executive Director (ED) A.

On 06/06/2025 at 9:54 AM, Surveyor interviewed Resident 1. Resident 1 was pleasant, but not a good historian.
During interview, Surveyor observed a wooden chair under Resident 1's desk in his/her room. Resident 1 sar in a recliner type chair during the interview.

On 06/06/2025 at approximately 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 04/11/2024. Resident 1 had diagnosis including muscle weakness, lack of coordination, restlessness and agitation, history of falls and anxiety disorder.
Resident 1's individual service plan stated:
Supervision: "24 - hour supervision"
Capacity for self care: "Needs some assistance"
Capacity for self direction: "Needs assistance"
Evacuation Capability in Emergency: "Requires assistance of one to evacuate the facility."
Orientation/Decision Making: "Has occasional confusion, staff should redirect and prompt [him/her] in the right direction when observed. Keeps [his/her] apartment door locked, staff should unlock the door after meals for [him/her] to

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enter."
Physical Disabilities-Falls: "[Resident 1] has intermittent episodes of incontinence with staff assistance. [Resident 1] has had falls and is at risk for falling."
Physical Disabilities - Ambulation: "[Resident 1] is independent with mobility with [his/her] wheeled walker. [Resident 1] is at risk for falls, staff will ensure [s/he] wears appropriate footwear.

On 06/06/2025, Surveyor reviewed the Department's Caregiver Program Manual, a resource for providers, last revised 10/2024. It read in part, "ENTITY INTERNAL INVESTIGATION RESPONSIBILITIES- Protection of Clients- Immediately upon learning of the incident, the entity must take necessary steps to protect clients from possible subsequent incidents of misconduct or injury...All entities regulated by DQA must conduct a thorough internal investigation and document the findings for all allegations or incidents at the entity. A thorough internal investigation may include: Collecting and preserving any physical and documentary evidence including videos; Interviewing alleged victims and witnesses; Collecting other corroborating/disproving evidence; Involving other regulatory authorities who can assist...e.g., local law enforcement...; and Documenting each step taken during the internal investigation. These steps should be taken as part of the entity's initial attempt to determine what, if anything, happened and to determine the complete factual circumstances surrounding the alleged incident. An entity's internal investigation will assist in determining if an incident must be reported to DQA (Office of Caregiver Quality)..."

On 06/06/2025 at 1:50 PM, Surveyor interviewed

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N 158	Continued From page 3 ED A. ED A stated s/he had conducted an investigation into an allegation Resident 1 was not checked on during the overnight shift on 04/09/2025. ED A acknowledged s/he had received an email from Family B with clips of Resident 1, but not a video. ED A stated staff do a "heads in bed" check for Resident 1 about every 2 hours. ED A acknowledged Resident 1 struggles with sleep and staff didn't want to wake him/her so staff left Resident 1 sleep in the wooden chair in his/her room. ED A acknowledged staff have been re-educated. Surveyor requested the investigation and the "heads in bed" check sheet for Resident 1. ED A stated s/he would look for the investigation and check sheet. On 06/06/2025 at 2:07 PM, Surveyor interviewed Family B. Family B emailed Surveyor the video clips from 04/09/2025 at 23:29 showing Resident 1 standing by their chair. There are clips showing Resident 1 in his/her wooden chair with staff entering at 5:06 AM. Resident 1 was left in chair until 5:39 AM when 2 staff entered and assisted Resident 1 to bed. Family B stated s/he had a care conference last month and stated s/he should not have to contact the staff/facility to go and check on Resident 1. Family B stated staff need to do rounds, and this is a reason why Resident 1 is at the facility. Family B stated s/he is paying money for staff to provide these cares. Family B expressed concerns with staff not following the care plan. On 06/06/2025 at 2:30 PM, Surveyor interviewed ED A. ED A stated s/he hadn't located the investigation or "heads in bed" check sheet, but s/he would continue to look for them and email to documentation to Surveyor by the end of the day, 06/06/2025.	N 158		

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N 158	Continued From page 4 As of 12:00 PM on 06/07/2025, Surveyor did not receive the investigation and information requested. The provider did not take immediate steps to ensure the safety of all residents, thoroughly investigate, and maintain documentation of the investigation in response to reports received which alleged potential abuse, neglect and/or mistreatment of residents.	N 158		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on interview and record review, the provider did not develop a comprehensive Individual Service Plan (ISP) for 1 of 1 resident (Resident 2) records reviewed. Findings include:	N 386		

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N 386	Continued From page 5 On 12/11/2024, the Department received concerns regarding residents' needs not being met. On 06/06/2025, Surveyor requested Resident 2's record from Executive Director (ED) A. Resident 2 was admitted to the facility on 06/23/2023. Resident 2's record included an admission assessment, but Surveyor could not locate a 30-day ISP. On 06/06/2025 at 12:43 PM, Surveyor interviewed Family C. Family C stated the provider did not develop an ISP until family expressed concerns in September/October of 2023 (3-4 months after admission). Family C stated the ISP was not updated to meet Resident 2's needs. On 06/06/2025, at approximately 3:15 PM, ED A provided Surveyor with an ISP dated 10/13/2023. ED A acknowledged they missed developing a 30-day ISP for Resident 2. The provider did not develop a comprehensive ISP within 30 days after admission.	N 386		
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	N 389		

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N 389	Continued From page 6 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 provider did not update the Individual Service Plan (ISP) when 1 of 1 resident (Resident 2) had a change of condition and was admitted to hospice. Findings include: On 12/11/2024, the Department received concerns regarding residents' needs not being met. On 06/06/2025 at 12:28 PM, Surveyor interviewed Executive Director (ED) A. ED A acknowledged Resident 2 was admitted to the hospital on 11/22/2024 for back pain and returned to the facility on 11/29/2024 with hospice services. On 06/06/2025 at approximately 12:48 PM, Surveyor received Resident 2's record from ED A. Resident 2 was admitted to the facility on 06/23/2023. Surveyor reviewed the ISP dated 10/25/2024. The ISP stated: Function or Activity - Hospice Resident - Not Applicable Surveyor observed notes stating Resident 1 returned from the hospital on 11/29/2024 with hospice. There was documentation (hospice company) admitted Resident 2 on 11/29/2024. The ISP in Resident 2's record was updated and	N 389		

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N 389	Continued From page 7 signed by ED A and Family D on 10/25/2024. The ISP was not updated when Resident 2 returned from the hospital with hospice services on 11/29/2024. The provider did not update the ISP when resident had a change of condition and was admitted to hospice.	N 389		