STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590130	A. BUILDING: _____ B. WING _____	C 07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE COMMUNITY LIVING SERVICES INC	837 MAIN STREET ONALASKA, WI 54650

(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
M 000	INITIAL COMMENTS On 06/28/2024, Surveyor conducted a complaint investigation at Creative Community Living Services INC. Data for this survey was collected and reviewed through 07/03/2024. The complaint was substantiated. One deficiency identified. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the department within 24 hours, a significant change in Resident 1's condition resulting in treatment at an emergency room (ER). Findings include: On 06/28/2024 at approximately 12:00 PM,	M 134		

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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M 134	Continued From page 1 Surveyor interviewed Program Director (PD) A. PD A stated Resident 1 went to the ER on 04/28/2024 due to having swelling and bruising to the left foot. Resident 1 was also stumbling. Resident 1 was fitted with a boot at the ER after being diagnosed with "lateral head of the left fourth metatarsal with a displaced acute fracture." Surveyor asked PD A if s/he knew how the injury occurred. PD A stated the origin of the injury was not known. Surveyor then asked if there was clutter on the floor of the living room on or around the date of the incident. PD A stated, "The living room floor on the day of the incident was more cluttered than today." At approximately 1:00 PM. Surveyor asked County Director B if a self-report was submitted to the department regarding the change of condition of Resident 1. County Director B stated it was completed but in an e-mail to the Surveyor dated 07/03/2024, County Director B stated s/he was new to the position and did not know the incident needed to be reported to the department. At approximately 1:45 PM on 06/28/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility in January 2012. Resident 1 is diagnosed with intellectual/developmental disability, seizure disorder, West Syndrome, cerebral palsy and epilepsy. Resident 1 is not his/her own decision maker. Resident 1 is non-verbal and can ambulate with assistance. Summary: The provider did not report to the department, within 24 hours, a significant change in Resident 1's condition.	M 134		