STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013625	A. BUILDING: _____ B. WING _____	C 11/10/2025

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NEW PERSPECTIVE-WEST BEND	2130 CONTINENTAL DR WEST BEND, WI 53095

(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 11/06/2025 with information gathered through 11/10/2025, Surveyor conducted a standard survey and two complaint investigations at New Perspective-West Bend, a Community-Based Residential Facility (CBRF) in West Bend, WI. Four deficiencies identified. One of 4 is a repeat deficiency. See Statement of Deficiency (SOD) IC9Q11, dated 05/09/2024. Two of 2 complaints substantiated. Census: 34	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received all prescribed medications in the dosage and at intervals prescribed by a practitioner for 2 of 2 residents reviewed. Resident 1 did not receive 6 doses of his/her medications. Resident 2 did not receive 4 doses of his/her medications. This is a repeat deficiency. See Statement of Deficiency (SOD) IC9Q11, dated 05/09/2024. Findings include:	N 352		

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

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N 352	Continued From page 1 On 10/20/2025, the department received a complaint alleging medications were not provided as ordered. On 11/06/2025, Surveyor reviewed Resident 1 and Resident 2's records. Resident 1 was admitted on 07/31/2025, with diagnoses including arteriosclerotic heart disease, hyperlipidemia, hypertension and diabetes-type II. Resident 2 was admitted on 07/31/2025 with diagnoses including unspecified fracture of shaft of unspecified tibia, mixed hyperlipidemia, hypertension, presence of right artificial hip joint. The following was identified: RESIDENT 1 -Individual Service Plan (ISP), dated 07/25/2025, stated, "Service Type: Med and Treatment Plan-Community manages and administers medications/treatments. Resident receives medication and treatment administration and management services. See service agreement and medication and/or treatment assistance assessment for plan descriptions and medication and treatment orders." -Active Orders As of 07/29/2025, identified Resident 1 was prescribed Calcium Antacid Chew 500 MG: 1 tablet by mouth twice daily and Vitamin D(3) 400 Unit tab: take 1 tablet by mouth once daily." -Resident 1's July/August MAR 2025 (date range 07/30/2025 through 08/29/2025) Medication Administration Records (MARs) identified the following: Calcium Antacid Chew 500 MG not available on 07/31/25-08/02/25. Resident 1 missed 6 doses. RESIDENT 2 -Individual Service Plan (ISP), dated 07/29/2025, stated, "Service Type: Med and Treatment	N 352		

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N 352	Continued From page 2 Plan-Community manages and administers medications/treatments. Resident receives medication and treatment administration and management services. See service agreement and medication and/or treatment assistance assessment for plan descriptions and medication and treatment orders." -Active Orders As of 07/31/2025, identified Resident 2 was prescribed Carbidopa/Levodopa extended release (ER) 25 Mg-100MG : take 1 tablet by mouth four times daily, Donepezil Tab 10 MG: take 1 tablet by mouth at bedtime and Quetiapine Tab 25 MG: take 1 tablet by mouth at bedtime." -Resident 2's July/August MAR 2025 (date range 08/01/2025 through 08/31/2025) Medication Administration Records (MARs) identified the following: Carbidopa/Levodopa ER 50 MG new order-not yet arrived on 08/02/2025 at 11 AM and 8:00 PM. Donepezil Tab 10 MG on 08/02/2025 at 8:00 PM-new order-not yet arrived. Quetiapine Tab 25 MG-new order-not yet arrived on 08/02/2025 at 8:00 PM. Resident 2 missed 4 doses. On 11/06/2025 at approximately 1:30 PM, Surveyor interviewed Health and Wellness Director (HWD) B. HWD B stated if the MAR states it was not available or arrived, then the staff would have not given the medication. HWD B stated sometimes the medications will be delivered but staff will not check the box prior to doing the medication pass.	N 352		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental	N 381		

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N 381	Continued From page 3 condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess resident's needs, abilities, and physical and mental condition for 1 of 1 resident (Resident 3) reviewed when there was a change in needs, abilities or condition. Resident 3 had a total of 16 falls from 08/07/2025-10/25/2025 and had only 9 assessments/post fall evaluations. Findings include: On 11/06/2025, Surveyor reviewed resident records and identified the following: -Resident 3 was admitted to the provider's facility on 04/14/2025. -Resident 3 had a total of 16 falls from 08/07/2025-10/25/2025. -Resident 3's ISP dated 04/14/2025 indicated the following: -"Falls Management, PRN (as needed): [Resident 3] is at a high risk for falls. Resident 3 has had a number of recent falls due to poor safely awareness, impulsive behavior, and unsteady gait. Team members will update a member of the clinical team with decline in ability to ambulate. Resident is at risk for falls.	N 381		

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Encourage resident to wear properly fitting foot ware or non-slip socks; keep walkways within apartment free of clutter; participate in community exercise activities to support physical endurance and strength; keep call pendant, if in use, within reach; place pull cord, if available, within reach when in their bedroom; and drink fluids in between meals and at mealtime. Promptly report to nursing any changes in cognitive status, such as confusion, increased confusion from baseline, or impulsiveness; symptoms of UTI including, but not limited to frequency (feeling the urge to urinate), burning with urination, foul smelling urine; or changes in mobility such as changes in gait or unsafe-self transfers.

Resident 3's incident reports from 08/07/2025-10/25/2025 stated the following:
-"Date of incident: 08/07/2025 at 6:30 AM. Type of incident: found on floor. Describe what you saw and heard: Found on floor in front of recliner."
-"Date of incident: 08/14/2025 at 7:25 PM. Type of incident: found on floor. Describe what you saw and heard: Found resident on the floor in front of [his/her] TV."
-"Date of incident: 08/16/2025 at 12:30 PM. Type of incident: Witnessed fall. Describe what you saw and heard: [S/he] was getting up and carrying [his/her] plates to the sink. Were there apparent injuries? Yes, bump to head, pain. What did you do? Called triage, took vitals and helped resident off the floor."
-"Date of incident: 08/17/2025 at 5:30 PM. Type of incident: found on floor. Describe what you saw and heard: Found on floor with [his/her] head against the wall."
-"Date of incident: 08/18/2025 at 1:20 AM. Type of incident: found on floor. Describe what you saw and heard: I heard a loud bang and went in

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to find resident on the floor."
-"Date of incident: 08/18/2025 at 3:20 AM. Type of incident: found on floor. Describe what you saw and heard: Resident was laying on [his/her] back next to [his/her] bed."
-"Date of incident: 08/19/2025 at 7:20 PM. Type of incident: found on floor. Describe what you saw and heard: I was doing rounds and went to check on [him/her] and [s/he] was laying on the floor in front of [his/her] recliner."
-"Date of incident: 08/20/2025 at 5:10 PM. Type of incident: found on floor. Describe what you saw and heard: Fell while walking with [his/her] dishes."
-"Date of incident: 08/22/2025 at 12:20 AM. Type of incident: found on floor. Describe what you saw and heard: Found laying on floor in hallway."
-"Date of incident: 08/23/2025 at 8:10 AM. Type of incident: found on floor. Describe what you saw and heard: Walked into room to give medications with another caregiver and found resident sitting on floor."
-"Date of incident: 08/30/2025 at 11:30 AM. Type of incident: found on floor. Describe what you saw and heard: Found laying on floor in [his/her] room near [his/her] recliner on [his/her] left side."
-"Date of incident: 09/13/2025 at 11:00 AM. Type of incident: alleged fall. Describe what you saw and heard: Saw resident sitting on floor next to [his/her] broda chair and table."
-"Date of incident: 10/19/2025 at 12:23 PM. Type of incident: Witnessed fall. Describe what you saw and heard: Resident walked into activity dept lost [his/her] balance and fell."
-"Date of incident: 10/25/2025 at 2:51 PM. Type of incident: found on floor. Describe what you saw and heard: walked past residents room and saw [him/her] on floor."

On 11/10/2025, Surveyor reviewed Resident 3's

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N 381	Continued From page 6 post fall evaluations from 08/07/2025 to 10/25/2025. Resident 3 had post fall evaluations on 08/07/2025, 08/15/2025, 08/18/ 2025, 08/20/2025 two reports, 08/22/2025, 08/25/2025, 09/15/2025 and 10/20/2025. There were a total of 16 falls and a total of 9 assessments/post fall evaluations. On 11/10/2025 at approximately 1:30 PM, Surveyor interviewed Health and Wellness Director (HWD) B. HWD B stated s/he would be responsible for completing the post evaluation falls. HWD B stated s/he had sent Surveyor all of the evaluations that were completed. HWD B acknowledged there was not an assessment after each fall Resident 3 had from 08/07/2025 to 10/25/2025.	N 381		
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:	N 386		

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N 386	Continued From page 7 Based on record review and interview, the provider did not ensure 3 of 3 individual service plans (ISP) reviewed included all the resident's needs. Resident 1's ISP did not include their needs regarding his/her catheter care, Resident 3's ISP did not include his/her needs regarding his/her exit seeking behaviors and Resident 4's ISP's did not include their needs regarding their risk of seizures. Findings include: On 11/06/2025 at approximately 10:30 AM, Surveyor reviewed resident records and identified the following concerns: Example 1 - Resident 1 Resident 1 was admitted to the provider's facility on 07/30/2025. Resident 1's record included a pre-admission assessment, dated 07/23/2025, that indicated s/he was incontinent of bladder, used an indwelling catheter and received assistance 4-7x/24 hours. Resident 1's progress notes stated the following: -"07/31/2025 at 9:30 PM TRIAGE CALL-staff report that this resident has blood in [his/her] catheter bag. Resident has Horizon Skilled care. Resident has a hx per POA of blood in [his/her] catheter bag from tugging. Plan is to empty bag and contact skilled nursing for concerns. Staff advised to empty bag and push fluids. -08/03/2025 at 6:45 AM TRIAGE CALL-med passer called to report that resident was noted to have small amount of blood in cath bag. No pain, no injury noted. Med passer to empty cath, encourage fluids and notify triage with any further bleeding. -08/15/2025 at 10:42 AM Writer was notified by caregiver that resident has blood in [his/her]	N 386		

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catheter. Writer followed up with Horizon home care and was informed that resident had [his/her] catheter changed last night. Caregiver to notify nursing if resident continues to have blood in [his/her] catheter.
-08/15/2025 at 4:13 PM Resident's catheter was not draining well today. POA took resident to the urologist who flushed [his/her] catheter with good return. Resident has returned to the community.
-08/19/2025 at 12:54 PM Resident out with POA for MD appt. Continue with foley in place. Will need monthly catheter change. Change 16 fr. 10 cc q4 weeks or PRN. May irrigate with 60cc to 100cc 0.9 NS per Dr. order.
-09/04/2025 at 3:04 PM Seen by Horizon SN today for catheter change. No concerns noted per RN.
-09/07/2025 at 1:52 PM TRIAGE call 08:25 Resident partially pulled out [his/her] catheter and is bleeding. Team notified 911 for transport to hospital for medical evaluation. Team reported to POA was enroute and would take resident to the hospital for evaluation.
-09/08/2025 at 10:10 AM Resident returned with family from ER visit 09/07/2025 around noon, with diagnosis of malfunction of Foley catheter. Catheter replaced.
-09/08/2025 at 9:09 PM Triage call 18:45: Team calls reporting resident has frank blood draining from around [his/her] catheter, requiring a couple briefs to collect. Team instructed to pack area in cold packs/ice and monitor. Home Health called, their instructions were to pack in ice and manage. Triage call 1900: Team returned call and stated that s/he noted large "bulge" in groin area that was painful to palpation and dark in color. This had not been there during recent changes. Blood continues to follow from around the catheter. Team to call EMTs for transport to hospital. POA called, [s/he] agreed with transport and requests

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that resident hearing aids, charger and glasses accompany [him/her]. Items were packed up, resident was returned to hospital for further evaluation.

Resident 1's ISP, dated 08/05/2025, did not address Resident 1's needs related to who would assist with the catheter care, how often it would be changed out and what to do/who to contact when there are issues with the catheter. Resident 1's ISP only direct staff on how to clean catheter bag and empty it.

On 11/06/2025 at approximately 2:00 PM, Surveyor interviewed Health and Wellness Director(HWD) B and Regional Health and Wellness Director (RHWD) C. RHWD C stated Resident 1 was receiving home health services from Horizon Health for his/her catheter care but they were not able to provide much care since Resident 1 went out to the hospital and his/her catheter was taken care of then. Surveyor asked RHWD C to identify this in Resident 1's current ISP. RHWD C stated it does not identify it in his/her ISP.

Example 2 - Resident 3
Resident 3 was admitted to the provider's facility on 04/14/2025. Resident 3's ISP dated 04/14/2025 indicated the following:
-"Behavior Log Documentation: Behavioral charting will be completed every shift in the Behavioral Log Book. Document behaviors on BEHAVIOR EXPRESSIONS LOG and report new behaviors to nursing."
-"Service Type: Cueing: 10+X/24 hrs. [Resident 3] will require cueing and redirection throughout all shifts due to significant cognitive impairment. Caregivers to provide interventions as described and report changes in need for cues to nursing."

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Resident 3's progress notes stated the following:
-"10/19/2025 at 11:15 AM TRIAGE CALL-Resident eloped out of fire escape. Staff state [s/he] was about half way down a block when they escorted [him/her] back into the facility. Resident was calm and cooperative. Instructed staff to notify triage with any concerns. VM [voicemail] left for POA. ED updated and states [s/he] will update rest of appropriate nursing. Hospice updated."
-"10/20/2025 at 3:35 PM ED followed up with team members regarding previous triage note from 10/19/2025. Team members were completing rounds when they heard door 4 alarm begin to sound and noticed resident pushing the door open. Team members attempted to stop resident from exiting the door, but the door closed behind resident. Team members were unable to open door 4 behind resident, so they used the nearest exit door to meet resident outside and assisted [him/her] back into the community. Resident was easily re-directed and staff assisted [him/her] back inside to [his/her] apartment."
-"10/31/2025 at 5:51 AM TRIAGE CALL-Med passer requests to administer PRN comfort medication, Lorazepam for increased anxiety. Ok to administer."
-"11/02/2025 at 7:45 PM TRIAGE CALL- Resident eloped out of door #4. [S/he] walked halfway down the sidewalk behind the building. Team was able to catch up to [him/her] and redirect [him/her] back to the building without difficulty. It was not cold outside and there was no evidence of the resident catching a chill. ED notified and will make appropriate notifications. Community nurse to follow. Hospice notified."

On 11/06/2025 at approximately 2:00 PM, Surveyor interviewed HWD B. HWD B stated

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N 386	Continued From page 11 Resident 3 did not fully elope since staff was with him/her the entire time. HWD B stated Resident 3 has only had the exit seeking behavior a few times so s/he did not think to assess him/her and update the ISP. Example 3 - Resident 4 Resident 4 was admitted to the provider's facility on 01/06/2020. Resident 4's progress note stated the following: -"08/24/2025 at 4:52 PM triage call 16:41: Resident has been have seizures (possibly tonic/clonic) for almost 5 minutes. Resident does have a history these seizures but has not had any in the recent past. Seizures continued for another 5 minutes while nurse was on the phone with team and did not resolve, so team continued for another 5 minutes while nurse was on the phone with team and did not resolve, so team instructed to call EMS for transport for medical evaluation. POA notified and agreed with plan. EMS transported for medical evaluation. Community nurse to follow." -"08/24/2025 at 10:26 PM triage call 20:23: Resident returned to community from hospital visit. New diagnosis of acute cystitis without hematuria. All documentation placed in nursing mailbox for processing in the morning. Community nurse to follow." Resident 4's ISP dated 10/31/2025 indicated s/he was at a high risk for falls. Resident 4's ISP stated the following: -"Diagnoses: Acute Metabolilc Encephalopathy, Metabolic Encephalopathy, Other seizures: Tonic Cloinc seizures 10/09/2023, and Epilepsy Resident 4's ISP, dated 10/31/2025, did not address Resident 4's cognitive ability/needs related to having a history of seizures and Resident 4's seizure that occurred on 08/24/2025.	N 386		

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N 386	Continued From page 12 On 11/10/2025 at approximately 1:00 PM, Surveyor reviewed concern with Executive Director A, HWD B and RHWD C that 3 of 3 ISP's did not address resident needs regarding their risks. Resident 1's ISP did not include their needs regarding his/her catheter care, Resident 3's ISP did not include his/her needs regarding his/her exit seeking behaviors and Resident 4's ISP did not include their needs regarding their risk of seizures. Executive Director A, HWD B and RHWD C all took notes and did not have any further questions regarding ISP's.	N 386		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013625	A. BUILDING: _____ B. WING _____	C 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE-WEST BEND	2130 CONTINENTAL DR WEST BEND, WI 53095

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N 525	Continued From page 13	N 525		

provider did not identify and document residents having an evacuation time greater than 4 minutes for fire drills in calendar year 2024.

Findings include:

The provider is a Class CNA (non-ambulatory) CBRF licensed to serve up to 60 residents with diagnoses of advanced age and irreversible dementia/Alzheimer's.

On 11/06/2025, Surveyor requested the provider's fire evacuation drills from calendar year 2024. Surveyor received the following reports of fire evacuation drills:

- 01/15/2024: Start time 7:30 PM, end time 7:45 PM.
- 05/07/2024: Start time 12:10 PM, end time 12:15 PM.
- 06/10/2024: Start time 1:42 PM, end time 1:49 PM. "Employees did not know where to start when drill begun. After one minute, I instructed the team members to check the fire panel and informed them that checking the fire panel should always be the first step because it gives them information as to where the fire/problem will be. I went over this information again at the end of the drill."
-07/18/2024: Start time 9:55 PM, end time 10:30 PM. "Team members knew very little about what to do in the event of a fire. Retraining needed!"

The records did not document resident names for those who took over 4 minutes to evacuate.

On 11/06/2025 at approximately 2:00 PM, Surveyor interviewed Executive Director A. Surveyor reviewed the provider's evacuation drills and asked if these fire evacuation drills included

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	0013625	A. BUILDING: _____ B. WING _____	C 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE-WEST BEND	**2130 CONTINENTAL DR WEST BEND, WI 53095**

(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 525	Continued From page 14 residents. Executive Director A stated the maintenance department conducts the fire drills and residents and staff are to be involved. Executive Director A stated s/he was not aware of the requirement to document and identify the residents that took over the 4 minute evacuation time.	N 525		