STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017719	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE HEIGHTS	1937 N MAIN ST W BEND, WI 53090

(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 08/21/2024, Surveyors reviewed one (1) open self-report at Compassionate Heights. As a result of the survey, two (2) deficiencies were identified. Census: 9	N 000		
N 285	83.27(1)(a) Limitation of capacity as shown on license. No CBRF may have more residents, including respite care residents, than the maximum bed capacity on its license. This Rule is not met as evidenced by: Based on record review, observation and staff interview, the provider had more residents than the maximum bed capacity on its license. The provider was licensed for 8 resident bed capacity on 11/01/2019. Findings include: Surveyors completed off site preparation prior to going to the facility and observed the provider had submitted a waiver request to increase capacity to 10 residents on 07/16/2019. The waiver request was denied on 08/05/2019. The facility was granted a probationary license on 11/01/2019 for 8 residents. On 09/13/2022, Owner C completed the Community Based Residential Facility (CBRF) Biennial Report. The Biennial Report identified resident capacity of 8. On 08/21/2024, Surveyors conducted a review of a self-report. Surveyors entered with Manager A. As part of the survey process, Surveyors requested the current list of residents residing at	N 285		

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

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N 285	Continued From page 1	N 285		

the CBRF. Manager A acknowledged there were 9 residents currently in the facility and s/he would provide a list of residents.

On 08/21/2024 at approximately 9:40 AM, Owner B and Owner C arrived at the facility. Owner C stated s/he would put together a resident roster. Owner C returned with a resident roster of 8 residents.

On 08/21/2024 at 9:45 AM, Surveyors toured the facility and observed 9 resident rooms with personal belongings.

On 08/21/2024 at approximately 9:55 AM, Surveyors observed Manager A, Owner B and Owner C sitting in a staff office. Surveyors asked about census and Manager A confirmed there were currently 9 residents. Surveyors shared the resident roster, and Owner C stated s/he did not know who s/he had missed. Owner C added the 9th resident name.

Resident 1 was admitted on 02/01/2020.
Resident 2 was admitted on 05/21/2024.
Resident 3 was admitted on 01/15/2024.
Resident 4 was admitted on 02/02/2024.
Resident 5 was admitted on 03/03/2020.
Resident 6 was admitted on 05/09/2023.
Resident 7 was admitted on 07/22/2024.
Resident 8 was admitted on 08/01/2023.
Resident 9 was admitted on 09/08/2023.
Resident 10 was admitted on 06/25/2024 and passed on 06/27/2024.
Resident 11 was admitted on 02/06/2024 and discharged on 06/19/2024.

Residents 7, 10 and 11 were identified to occupy the same room.

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N 285	Continued From page 2 On 08/21/2024 at approximately 10:50 AM, Surveyors interviewed Owner B and Owner C. Owner B and Owner C acknowledged they had 9 residents in the facility and were unaware they could not exceed 8 residents. The CBRF allowed more than the maximum bed capacity on its license.	N 285		
N 703	83.64(8) Ramp slope All interior and exterior ramps shall have a slope of not more than one foot of rise in 12 feet of run. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all interior ramps had a slope of not more than 1 foot of rise in 12 feet of run. The ramp to resident rooms 5 - 9 was too short and steep posing a risk of injury to residents. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF able to serve up to 8 residents within the client groups of advanced age, irreversible dementia/Alzheimer's, physically disabled and terminally ill. On 08/21/2024 at 9:00 AM, Surveyors entered the facility to review a self-report. Resident 10 had a fall on 06/25/2024. The incident report completed by Caregiver D on 06/26/2024 stated, "At 10:50 PM we [caregivers] were in kitchen cleaning when we heard a loud noise. Upon looking down hall, we seen [Resident 10] on the south wing ramp, down on the ground laying on [his/her] back * head with [his/her] slippers on * walker in front of [him/her]. [S/he] had made it about 2 ft onto	N 703		

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N 703	Continued From page 3	N 703		

ramp before falling." The report identified Resident 10 passed away on 06/27/2024.

On 08/21/2024 at 9:20 AM, Surveyor spoke with Medical Examiner's Office Person E. Person E stated they did a postmortem CT on Resident 10 and the cause of Resident 10's death was a subdural hematoma from fall.

On 08/21/2024 at 9:45 AM, Surveyors toured the facility and observed the ramp to resident rooms 5 - 9. Surveyors measured the length of the ramp to be 12 feet long with a rise of 18 inches. Surveyors observed residents in Geri chairs and ambulating with walkers and independently. Owners acknowledged there are residents with walkers and wheelchairs and staff follow residents up the ramp. Surveyors observed Resident 7 walking up the ramp and caregiver staff were walking in front of Resident 7.

On 08/21/2024 at 10:50 AM, Surveyors discussed observations and interviews with Owner B and Owner C. Owner B and Owner C asked how to fix the ramp and then stated they will look into the ramp.

The provider did not ensure all interior ramps had a slope of not more than 1 foot of rise in 12 feet of run.