STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015617	A. BUILDING: _____ B. WING _____	C 08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT POINT SENIOR LIVING CBRF	**8600 COPORATE DR RACINE, WI 53406**

(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 08/08/2025 with information gathered through 08/27/2025, Surveyor conducted a complaint investigation at Pleasant Point Senior Living CBRF. One deficiency was identified. One complaint was substantiated. Census: 38	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was implemented for 1 of 1 resident (Resident 1). Resident 1's nightly safety checks were not completed and family was not contacted upon change in condition. Findings include: On 5/05/2025, the Department received a complaint alleging a resident had been neglected resulting in death. On 08/08/2025, Surveyor reviewed Resident 1's record and noted the following: Resident 1 was admitted on 11/29/2023, with diagnoses including type 2 diabetes mellitus, chronic obstructive pulmonary disease, heart failure, hyperlipidemia, anxiety disorder, essential hypertension, chronic kidney disease, anemia, major depressive disorder, acute osteomyelitis,	N 388		

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

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N 388	Continued From page 1 acute pain. Resident 1's Admission Agreement, dated 11/29/2023, identified Family E and F as emergency contacts. Resident 1's ISP, dated 03/17/2025, identified the following: "Resident will receive monitoring to ensure safety thru the next review. Resident is visually checked on frequently though the day and night ..." "Residents wellness and safety choices and needs will be met with privacy and dignity thru the next review. Two times bed safety check/assistance per night. Ensure call light is within reach and resident is safe." " Residents desire for family or representative communication will be honored." Review of Resident 1's Progress Notes identified the following: Progress notes dated 04/04/2025 through 05/02/2025 did not include documentation of staff visually checking to ensure Resident 1's safety during the night or that call light was placed within reach. Resident 1's progress note dated 05/02/2025 at 12:48 PM, stated, "No next of kin info (information) available." Resident 1's progress note dated 05/02/2025 at 12:48 PM, stated, "Taken to ME (medical examiners) office for autopsy due to age and unknown cause of death."	N 388		

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N 388	Continued From page 2 On 08/08/2025, Surveyor reviewed the Department's facility file. The Department received a self-report from the facility which stated the following: "On 05/02/2025 at approximately 10:00 AM staff went to do wellness check on [Resident 1] and found [them] nonresponsive and appeared to be deceased ... Care staff reported checking on [Resident 1] at 8:00AM. Care staff asked [Resident 1] if [they] were coming to breakfast, and [they] did not respond. [Resident 1] appeared to be sleeping ...NOC (overnight) shift staff reported checking on Resident at 0500 and stated Resident was resting in bed. NOC staff did not provide any cares and resident appeared to them to be breathing at that time." On 08/08/2025, at 1:15 PM, Surveyor interviewed Executive Director (ED) A regarding Resident 1's death. ED A confirmed Resident 1 had been found deceased in their room at 10:00 AM on 05/02/2025. ED A confirmed staff had not visited Resident 1's room during the night stating, "They were last seen alive at 10:00 PM." Surveyor requested a copy of the death investigation. ED A stated there was no formal investigation conducted explaining they had been busy dealing with a staff-on-staff altercation involving the police. Surveyor asked if family was contacted regarding the discovery of Resident 1's death. ED A reported Resident 1 had no family contact listed and stated, "I contacted [Managed Care Organization]." On 08/11/2025, at approximately 1:00 PM, Surveyor spoke to ED A regarding failure to contact family upon discovering Resident 1's	N 388		

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N 388	Continued From page 3 death. ED A stated, " I see now that was a mistake. Their names were not listed on the face sheet." Surveyor asked who was responsible for creating and verifying the face sheet for accuracy. ED A confirmed the face sheets were generated by the marketing director who was no longer employed at Pleasant Point.	N 388		