STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019672	A. BUILDING: _____ B. WING _____	R-C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN SOUTH	W150 N11127 FOND DU LAC AVE GERMANTOWN, WI 53022

(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 03/24/2025, Surveyors conducted a verification visit and an investigation of four (4) complaints at High Point Residence Germantown South. Additional information was gathered through 03/27/2025. As a result of the survey two (2) of eleven (11) previous deficiencies were identified as repeat violations. Two (2) of 4 complaints were substantiated. Five (5) deficiencies were identified in total. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 40	{N 000}		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on staff interview and record review, the provider did not submit 4 self-reports to the department within 3 working days after law enforcement personnel were called to the facility as a result of an incident that jeopardized the health, safety, or welfare of residents or employees.	N 164		

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

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N 164	Continued From page 1 Findings include: On 11/27/2024, the department received a complaint allegation referencing police presence in the facility. On 03/24/2025, Surveyors toured the facility and interviewed residents and families. Surveyors reviewed self-reports the department received, but were unable to locate self-reports for: * On 11/29/2024, police were called to the facility to investigate an altercation between 2 employees, Caregiver EE and Caregiver FF. * On 01/14/2025, police were called for a mental health/crisis for Resident 14. * On 01/31/2025, police were called for a theft of money. * On 02/08/2025, police were called for a welfare check for Resident 15. On 03/24/2025, Surveyors interviewed Administrator C. Administrator C stated s/he didn't think the police report on 01/31/2025, needed to be reported as the theft of money was a family member, not a resident. Administrator C stated s/he was told the altercation on 11/29/2024 did not result in anything. Surveyors reviewed the code and anytime police respond to the facility for an incident, the facility needs to self-report the incident to the department. Administrator C took notes and stated s/he will ensure self-reports are submitted going forward. The provider did not send a written report to the department within 3 working days after law enforcement personnel were called to the facility as a result of an incident that jeopardized the health, safety, or welfare of residents or employees.	N 164		

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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 record review and interview, the provider did not ensure individual support plans (ISP) included all required components for 3 of 10 of residents reviewed (Resident 2, Resident 10 and Resident 12). The ISPs did not include desired outcomes, measurable goals, specific methods for delivering care, frequency and who is responsible for the care. Findings Include: On 03/24/2025, at approximately 8:00AM, Surveyor requested the provider's policy for ISP development. Surveyor was provided a document titled, "WALA (Wisconsin Assisted Living Association) Policy and Procedure Manual" dated, 07/2023. The document specified the	N 386		

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N 386	Continued From page 3 following: "Specific Requirements for Community-Based Residential Facilities ... 1. Identify the residents needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. DHS 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 ..." On 03/25/2025, Surveyor reviewed residents' ISPs and noted all required information was not included. The ISP was set up with three columns. The first column described the need. Under the need, there were options for the level of assistance, and they were circled accordingly. The options included levels such as: independent, supervision or cueing, assist of 1, assist of 2. The second column was titled, "concern" and third column was titled, "interventions." RESIDENT 2 On 03/26/2025 at 9:06am, Surveyor reviewed Resident 2's ISP dated, 02/07/2025. Surveyor noted the following identified needs did not include the required information: -Dressing: Assist of 1 was circled and there was no information included in the "concern" or "intervention" columns. -Hygiene and Grooming: Assist of 1 was circled and there was no information included in the "concern" or "intervention" columns. -Bath: Assist of 1 was circled and there was no information included in the "concern" or "intervention" columns.	N 386		

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N 386	Continued From page 4 -Medication Management: Dependent was circled and there was no information included in the "concern" or "intervention" columns. -Dental: Cueing, set up of dentures was circled and there was no information included in the "concern" or "intervention" columns. RESIDENT 12 On 03/25/2025 at approximately 7:55AM, Surveyor reviewed Resident 12's ISP dated, 02/07/2025. Surveyor noted the following identified needs did not include the required information: -Bath: Supervision is circled and there was no information included in the "concern" or "intervention" columns. -Transfer Abilities: Supervision is circled and there is no information is included in the "concern" or "intervention" columns. -Housekeeping/Laundry: Supervision was circled and there was no information included in the "concern" or "intervention" columns. -Health Monitoring: daily monitoring was circled and there was no information included in the "concern" or "intervention" columns. -Transfer Abilities: Supervision was circled and there was no information included in the "concern" or "intervention" columns. -Medication Management: Dependent was circled and there was no information included in the "concern" or "intervention" columns. RESIDENT 10 On 03/25/2025 at approximately 7:45AM, Surveyor reviewed Resident 10's ISP dated, 02/07/2025. Surveyor noted the following identified needs did not include the required	N 386		

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N 386	Continued From page 5 information: -Eating: Supervision was circled and there was no information included in the "concern" or "intervention" columns. -Hygiene and Grooming: Supervision was circled and there was no information included in the "concern" or "intervention" columns. -Bath: Supervision was circled and there was no information is included in the "concern" or "intervention" columns. -Transfer Abilities: Supervision is circled and there was no information included in the "concern" or "intervention" columns. -Housekeeping/Laundry: Dependent was circled and there was no information is included in the "concern" or "intervention" columns. -Medication Management: Dependent was circled and there was no information included in the "concern" or "intervention" columns. -Dental: Cueing, set up or dentures was circled and there was no information included in the "concern" or "intervention" columns. -Memory: Forgetful, requires cueing and there was no information included in the "concern" or "intervention" columns. On 03/25/2025 at approximately 3:00PM, Surveyors interviewed Administrator C and Executive Director DD (ED-DD). Administrator C and ED-DD acknowledged the ISPs were not completed with the required content. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes	N 386		
{N 389}	83.35(3)(d) Service plans updated annually or on changes	{N 389}		

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{N 389}	Continued From page 6 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 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 individual service plans (ISP) annually, or upon a change in abilities or physical mental condition. Additionally, the provider did not ensure ISPs were signed by the resident, or resident's legal representative acknowledging their involvement for Resident 2, Resident 4, Resident 9, Resident 10, Resident 11, Resident 12 and Resident 13. This is a repeat deficiency. See SOD (Statement of Deficiency) 846E11 dated, 10/08/2024. Findings Include: On 02/12/2025, the department received a complaint alleging ISPs were not being updated. On 03/24/2025, at approximately 8:00AM, Surveyor requested the provider's policy for ISP development. Surveyor was provided a document titled, "WALA (Wisconsin Assisted Living Association) Policy and Procedure Manual"	{N 389}		

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{N 389}	Continued From page 7 dated, 07/2023. The document specified the following: " ...The ISP should be developed with input from the resident, his or her legal Representative, and any family members to determine what the resident views as his or her needs, abilities, interests, and expectations ..." RESIDENT 2 On 03/24/2025, at approximately 2:40PM, Surveyor interviewed Executive Director DD. Executive Director DD confirmed Resident 2 is his/her own decision maker. On 03/26/2025, at 9:06am, Surveyor reviewed Resident 2's ISP dated 02/07/2025. The ISP was signed not signed by Resident 2. RESIDENT 4 On 03/24/2025, at approximately 2:40PM, Surveyor interviewed Executive Director DD. Executive Director DD confirmed Resident 4 had an activated power of attorney. On 03/25/2025, at 7:50AM, Surveyor reviewed Resident 4's ISP dated, 02/07/2025. Review of the ISP signature page revealed Resident 4's activated power of attorney did not sign the update on 11/27/2024. RESIDENT 9 On 03/24/2025, at 9:01AM, Surveyor interviewed Resident 9. Surveyor observed Resident 9 lying in bed using a CPAP machine. Surveyor observed a walker at bedside. Resident 9 confirmed s/he uses the walker when ambulating.	{N 389}		

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{N 389}	Continued From page 8 On 03/25/2025, at approximately 7:30AM, Surveyor reviewed Resident 9's face sheet and ISP dated 02/07/2025. The face sheet identified Resident 9 has a legal guardian. The ISP did not include information regarding Resident 9's CPAP machine or that s/he uses a walker. Review of the ISP signature page revealed no signature from Resident 9's guardian. RESIDENT 10 On 03/25/2025, at approximately 7:45AM, Surveyor reviewed Resident 10's face sheet and ISP dated, 02/07/2025. The face sheet idnetified Resident 10 has a guardian. Review of the ISP signature page revealed no signature from Resident 10's guardian. RESIDENT 11 On 03/24/2025, at approximately 2:40PM, Surveyor interviewed Executive Director DD. Executive Director DD confirmed Resident 11 had an activated power of attorney. On 03/25/2025, at approximately 7:50AM, Surveyor reviewed Resident 11's ISP dated February 2025. The date was handwritten, but the day was illegible. Review of the ISP signature page revealed no signature from Resident 11's activated power of attorney. RESIDENT 12 On 03/24/2025, at approximately 2:40PM, Surveyor interviewed Executive Director DD. Executive Director DD confirmed Resident 12 had an activated power of attorney.	{N 389}		

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{N 389}	Continued From page 9 On 03/25/2025, at approximately 7:55AM, Surveyor reviewed Resident 12's ISP dated, 02/07/2025. Review of the ISP signature page revealed no signature from Resident 11's activated power of attorney. RESIDENT 13 On 03/24/2025, at approximately 2:40PM, Surveyor interviewed Executive Director DD. Executive Director DD confirmed Resident 13 is his/her own decision maker. On 03/26/2025, at 9:00am, Surveyor reviewed Resident 13's ISP dated 02/07/2025, update on 02/08/2025 and update on 03/11/2025. The ISP was not signed by Resident 13. On 03/24/2025, at approximately 10:40AM, Surveyor interviewed Executive Director DD (ED-DD). ED-DD reported s/he has been updating the ISPs, but confirmed s/he did not obtain all required signatures. Cross Reference N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	{N 389}		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health	N 454		

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N 454	Continued From page 10 screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including	N 454		

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N 454	Continued From page 11	N 454		

rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure resident records included documentation of significant incidents and illness, including the dates, times and circumstances.

Findings Include:

On 03/25/2025, at approximately 8:00AM, Surveyor requested an incident report or information in Resident 9's record regarding a fall in November 2024. On 03/25/2025, at approximately 11:00AM, Executive Director DD (ED-DD) informed Surveyor there was no documentation of a fall in Resident 9's record. At approximately 2:30PM, ED-D provided Surveyor with an emergency room After Visit Summary from Froedtert dated, 11/26/2024. The after-visit summary noted Resident 9 was treated for a urinary tract infection (UTI) with hematuria, but did not mention a fall.

On 03/26/2025, at 10:32AM, Surveyor received requested emergency room documentation for Resident 9 from Froedtert. The document was

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N 454	Continued From page 12 titled, "Emergency Department" dated 11/26/2024. The emergency room documentation noted Resident 9 was transported to the emergency by ambulance after experiencing a fall. It further noted Resident 9 was treated for a UTI. No additional information or documentation regarding the fall incident on 01/26/2024 was provided prior to the exit on 04/01/2025. On 03/27/2025, at 2:30PM, Surveyor interviewed Administrator C. Administrator C acknowledged the findings regarding maintaining the resident record. Cross Reference N0353 DHS 83.32(3)(i) Rights of Residents: Adequate Treatment	N 454		
{Y3244}	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	{Y3244}		

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{Y3244}	Continued From page 13	{Y3244}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure adequate and appropriate care was provided within the capacity of the facility for 3 out of 3 residents reviewed (Resident 1, Resident 9 and Resident 13).

This is a repeat deficiency. See SOD (Statement of Deficiency) 846E11 dated, 10/08/2024.

Findings include:

The provider is licensed as a class CNA (non-ambulatory) to provide care for up to 46 residents in the following client groups: emotionally disturbed/mental illness, advanced age, developmentally disabled, irreversible dementia/Alzheimer's, terminally ill, traumatic brain injury and physically disabled.

On 11/27/2024, the department received a complaint alleging residents experienced long wait times to receive assistance with care.

RESIDENT 1

On 03/24/2025, at 10:30AM, Surveyor interviewed Resident 1 regarding pendant response times. Resident 1 reported there are a lot of new staff that do not know routines. Resident 1 stated s/he rings the pendant and sometimes waits for up to an hour for assistance.

On 03/25/2025, at 2:54PM, Surveyor reviewed Resident 1's face sheet and noted s/he has the following diagnosis: Chronic obstructive pulmonary disease, bursitis unspecified shoulder,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019672	A. BUILDING: _____ B. WING _____	R-C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN SOUTH	W150 N11127 FOND DU LAC AVE GERMANTOWN, WI 53022

(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
{Y3244}	Continued From page 14 other specified disorders of bone density and structure. On 03/25/2025, at 2:58PM, Surveyor reviewed Resident 1's individual support plan (ISP) dated 12/03/2024. The ISP noted s/he uses a wheelchair for mobility. On 03/25/2025, at 2:54PM, Surveyor reviewed the Alarm Response Report for Resident 1's pendant usage from 03/13/2025 through 03/24/2025. Surveyor noted several instances when Resident 1 waited over 30 minutes for a response from caregivers. The dates and times are as follows: 03/22/2025: Initiated at 7:11AM Answered at 8:47AM Wait Time 1 hour 35 minutes 03/23/2025: Initiated at 8:34PM Answered at 9:47PM Wait Time 1 hour 13 minutes RESIDENT 9 On 03/24/2025, at 9:01AM, Surveyor interviewed Resident 9. Surveyor observed Resident 9 lying in bed using a CPAP machine. Resident 9 stated s/he was about to take a nap and uses it when sleeping. Surveyor observed a walker at bedside. Resident 9 confirmed s/he uses the walker when ambulating. Resident 9 explained s/he wears a pendant that is used to page a caregiver when s/he needs assistance. Resident 9 reported experiencing wait times greater than 30 minutes. Resident 9 informed Surveyor s/he takes as needed medications for pain and they are, "a pain in the [expletive] to get." Resident 9 further explained s/he wishes they were scheduled so s/he would not have to wait. On 03/25/2025, at approximately 7:30AM,	{Y3244}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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HIGH POINT RESIDENCE GERMANTOWN SOUTH	W150 N11127 FOND DU LAC AVE GERMANTOWN, WI 53022

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{Y3244}	Continued From page 15	{Y3244}		

Surveyor reviewed Resident 9's face sheet. The face sheet identified Resident 9 had the following diagnosis: Secondary Parkinsonism - Unspecified, Other-Headache Syndrome, Obstructive Sleep Apnea, Spondylosis - cervical region and post-traumatic seizures.

On 03/25/2025, at approximately 7:40AM, Surveyor reviewed Resident 9's ISP dated, 02/07/2025. The ISP noted the following:
Urination: Wears adult briefs, experiences incontinence and should remain dry to avoid skin breakdown.
Medication: "Staff gives meds per MD (medical doctor) orders"

On 03/25/2025, at 9:11AM, Surveyor reviewed the Alarm Response Report for Resident 9's pendant usage from 03/13/2025 through 03/24/2025. Surveyor noted several instances when Resident 9 waited over 30 minutes for a response from caregivers. The dates and times are as follows:

03/14/2025: Initiated at 7:44PM Answered at 9:13PM Wait Time 1 hour 28 minutes
03/15/2025: Initiated at 4:15PM Answered at 4:15PM Wait Time 35 minutes
03/16/2025: Initiated at 5:11PM Answered at 5:51PM Wait Time 40 minutes
03/17/2025: Initiated at 6:34PM Answered at 7:08PM Wait Time 34 minutes
03/18/2025: Initiated at 5:35AM Answered at 6:17AM Wait Time 42 minutes
03/18/2025: Initiated at 8:44AM Answered at 12:18PM Wait Time 3 hours 33 minutes
03/18/2025: Initiated at 1:14PM Answered at 1:48PM Wait Time 33 minutes
03/18/2025: Initiated at 4:19PM Answered at 5:22PM Wait Time 1 hour 3 minutes
03/18/2025: Initiated at 7:08PM Answered at

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HIGH POINT RESIDENCE GERMANTOWN SOUTH	W150 N11127 FOND DU LAC AVE GERMANTOWN, WI 53022

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{Y3244}	Continued From page 16 9:56PM Wait Time 2 hours 48 minutes 03/22/2025: Initiated at 7:37PM Answered at 8:87PM Wait Time 1 hour 19 minutes 03/23/2025: Initiated at 6:36PM Answered at 10:10PM Wait Time 3 hours 33 minutes RESIDENT 13 On 03/24/2025, at 9:30AM, Surveyor interviewed Resident 13 regarding pendant response times. Resident 13 reported wait times depends on what day it is. On 03/25/2025, at 3:09PM, Surveyor reviewed Resident 13's face sheet. The face sheet identified Resident 13 has the following diagnosis: Varicose veins of bilateral lower extremities with other complications and failure to thrive. On 03/25/2025, at 3:12PM, Surveyor reviewed Resident 13's ISP updated 02/07/2025 and 09/17/2024. The ISP noted the following: Pain: Chronic back pain Health Monitoring: Uses continuous oxygen Transfers: Assist of 1 caregiver Mobility: Uses a walker and wheelchair - has weakness. Hospice: admitted on 09/17/2024 On 03/25/2025, at 9:11AM, Surveyor reviewed the Alarm Response Report for Resident 13s pendant usage from 03/13/2025 through 03/24/2025. Surveyor noted several instances when Resident 13 waited over 30 minutes for a response from caregivers. The dates and times are as follows: 03/14/2025: Initiated at 7:45AM Answered at 8:22AM Wait Time 31 minutes 03/19/2025: Initiated at 12:48AM Answered at	{Y3244}		

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{Y3244}	Continued From page 17 2:25AM Wait Time 1 hour 37 minutes 03/21/2025: Initiated at 6:40PM Answered at 7:12PM Wait Time 34 minutes On 03/24/2025, at approximately 3:00PM, Surveyors interviewed Administrator C and Executive Director DD (ED-DD) regarding pendant response times. Administrator C reported sometimes the response times are good while other times are not. ED-DD explained they have received complaints from residents about the pendants not getting answered timely. ED-DD reported they have recently spoken to caregivers about keeping the wait time under 20 minutes. Surveyor: Cadiramen, Krishan A	{Y3244}		