STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017400	A. BUILDING: _____ B. WING _____	C 03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST VIEW MANOR	W194 N16744 EAGLE DRIVE JACKSON, WI 53037

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N 000	Initial Comments On 03/24/2026, Surveyor conducted a complaint investigation at Forest View Manor, a Community-Based Residential Facility (CBRF) in Jackson, WI. Three deficiencies identified. Complaint substantiated. Census: 22	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes 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 staff interview, the provider did not update the Individual Service Plan (ISP) when 1 of 1 resident (Resident 1) had mobility/transfer status changed, had multiple falls, had a pacemaker placed and had PT/OT services. Findings include:	N 389		

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

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N 389	Continued From page 1 On 03/24/2026 at approximately 10:00 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 used to be independent with showers and transfers but now needs assistance. On 03/24/2026, Surveyor reviewed Resident 1's record. Surveyors identified the following: -Resident 1 was admitted to the facility on 05/04/2022. -Resident 1's current ISP was dated 05/05/2025 and stated the following: "Mobility and transferring: Resident requires full assistance from staff to ambulate. Independent with positioning. Resident has been identified as a fall risk. Independent with transfers." "Toileting: Resident requires staff to monitor and document bowel movements. Independent with toileting. Resident requires staff monitoring and/or reminders and cues to complete toileting tasks." "Nursing procedures: Not applicable" "Restorative/Rehabilitation Care: Not applicable" -Resident 1's progress notes stated the following: "01/08/2026 at 12:45 PM: Resident was seen today by PT for admission. Resident is needing assist with getting in bed at night. [S/he] is also needing assistance with transfers and ambulation." "01/13/2026 at 1:30 PM: Resident was seen today by PT. Staff are to assist with walking program 3 x a day with walker and following behind with wheelchair, along with a gait belt." "01/20/2026 at 9:15 AM: Spoke to the social worker and [Resident 1] had 3rd degree blockage in [his/her] heart which required [him/her] to need a pacemaker. The pacemaker will be placed by	N 389		

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N 389	Continued From page 2	N 389		

PM today. Therapy still needs to work with [him/her]."
"01/21/2026 at 2:45 PM: [Resident 1] will be coming back sometime tomorrow. The hospital is keeping [him/her] overnight for observation due to post op fever from getting pacemaker put in."
"01/22/2026 at 11:15 AM: Resident returned from the hospital due to having to have a pacemaker put in. PT & OT order were also sent over to extend therapy."
"01/23/2026 at 11:45 AM: Resident was seen today by OT for eval. Assist with 1 for self cares and ADL transfers. Assist with 1 for sponge bath to peri area after every incon. episode."
"01/24/2026 at 9:00 PM: Resident was sent out to the hospital due to fall hitting [his/her] head. Resident returned with no new orders and to follow up with primary care physician.
"02/25/2026 at 6:30 PM: Resident was sent out to the hospital due to not feeling well or really responding to staff."
"02/26/2026 at 12:15 PM: Resident returned from hospital earlier this morning. [S/he] was diagnosis with UTI. Meds were already sent over to pharmacy and will be coming today."
"02/26/2026 at 12:30 PM: Resident was seen today by OT and resident is to be 1 assist with all self-cares and ADL transfers. Advised to adding 2 hour toileting schedule to care plan to help prevent UTI's and improvement with hygiene. BLE thigh high compression needs to be donned upon waking and off at bedtime for lymph management."
"03/17/2026 at 10:15 AM: [Resident 1] was sent out to the ER this morning. [S/he] had a fall last night and 911 was called for lift assist. [Resident 1] stated that [s/he] did not hit [his/her] head. There is present bruising that [s/he] struck [his/her] left neck area and left shoulder. Pacemaker area is very swollen and painful to the

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N 389	Continued From page 3 touch. [S/he] states that [s/he] feels not normal and wants to go to the ER." "03/18/2026 at 3:15 PM: Resident returned from the ER last night with new medication orders. [S/he] is to have a lidoacaine patch applied every 12 hours and then removed." On 03/24/2026, at approximately 11:30 AM, Surveyor interviewed Administrator A and Assistant Administrator B. Assistant Administrator B stated Resident 1's ISP was last updated on 05/05/2025. Assistant Administrator B stated s/he is not due for an updated ISP until 05/05/2026. Surveyor reviewed above information with Administrator A and Assistant Administrator B. Administrator A and Assistant Administrator B acknowledged Resident 1 had a change of condition with his/her falls, pacemaker placement, ambulation/transfer status change and PT/OT services. Administrator A acknowledged Resident 1's ISP needed to be updated with these changes.	N 389		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure a clean and homelike living environment.	N 481		

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N 481	Continued From page 4 Findings include: On 03/24/2026 at approximately 10:45 AM, Surveyor toured the facility with Administrator A and observed the following: -mousetrap in private dining room -wall by bathroom in room #10 had chipped off paint about 1 inch x 6 inches -no transition strip from bathroom to bedroom in room #10 -frame on bathroom door was all scraped up and coming off the frame in room #10 -room #10 had a strong odor of urine -room #10 had depends and pads all over the floor and under sink -room #10 had dirty clothes on the floor and in the shower -room #10 had gray and orange stains all over the tile in the bathroom -room #10 had shavings of the wall on the floor by the trim in the entry way -room #10 had frayed carpet by the transition of the entry way door -facility dog was going in and out of kitchen while cook was preparing lunch -room #19 had purple stains all over bathroom floor -room #19 had food debris and crumbs all over the floor On 03/24/2026 at approximately 11:00 AM, Surveyor interviewed Administrator A about the observed concerns. Administrator A stated room #10 is like that because the resident who lives in there is a larger person and it is hard to maneuver his/her wheelchair and s/he will sometimes run into the sides of the door ways. Administrator A stated room #19 has not been cleaned since the resident went out to the hospital which was about three weeks ago.	N 481		

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N 481	Continued From page 5 Administrator A stated maintenance is working on updating the flooring in room #10 and stated the staff should have cleaned room #19 even if the resident is out at the hospital. Administrator A acknowledged concerns and stated s/he would work on getting them fixed with maintenance and staff.	N 481		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the clothes dryers were equipped with rigid venting material for 1 of 1 clothes dryers. Findings include: On 03/24/2026 at approximately 10:50 AM, Surveyor and Administrator A toured the facility. Surveyor observed 1 dryer located in the facility laundry room having flexible metal dryer vent ducts. Administrator A, who was present during the observation, verified the dryer vent duct was of flexible and not rigid material. Administrator A stated s/he had sent in a waiver for it and it was denied. Administrator A stated maintenance was supposed to change it out to the hard rigid material but did not yet.	N 488		