STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018802	A. BUILDING: _____ B. WING _____	C 02/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT SUSSEX CBRF (THE)	W235 N6350 HICKORY DRIVE SUSSEX, WI 53089

(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 02/07/2024, Surveyor conducted a complaint investigation at Courtyard at Sussex CBRF. One deficiency was identified; the complaint was substantiated. Census: 49	N 000		
Y3234	50.09(1)(e) Treatment (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: (e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employes of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact. This Rule is not met as evidenced by: Based on observation, record review, and interview, Resident 1 was not treated with courtesy and full recognition of his/her dignity by staff. On 12/04/2023, Resident 1 had fallen in his/her bathroom with his/her pants down. Staff came and decided that EMS was required to lift Resident 1 off of the bathroom floor. Resident 1 had asked to be covered up for some privacy but was left with his/her privates exposed until EMS	Y3234		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018802	A. BUILDING: _____ B. WING _____	C 02/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT SUSSEX CBRF (THE)	W235 N6350 HICKORY DRIVE SUSSEX, WI 53089

(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
Y3234	Continued From page 1 arrived for the lift assist. Findings include: On 12/18/2023, the Department received a complaint with concerns regarding resident privacy and dignity. On 02/07/2024, Surveyor conducted a complaint investigation. At 10:05 a.m., Surveyor interviewed Resident 1. Resident 1 stated that in December, s/he fell in the bathroom with his/her pants down when and the caregiver responded to the fall, they provided Resident 1 with a towel for his/her head, but not his/her privates. Resident 1 stated that Nurse B walked in and did not say anything and also did not cover up Resident 1's privates. Resident 1 stated s/he had asked to be covered and it should not have been hard since there are several towels right in the bathroom, "they wouldn't have had to leave or find something, it's all right there". Surveyor went into Resident 1's bathroom and observed multiple towels in the open concept closet in his/her bathroom. Resident 1 stated, "I mean really, who likes to walk around with everything exposed and people coming in and out? Not me!" S/he went on to say when paramedics arrived, EMT E had finally covered Resident 1 up, "People kept coming in and out, they're not big on protecting dignity here." At approximately 11:30, Surveyor interviewed Nurse B. Nurse B provided Surveyor with a Resident Incident Report, dated 12/04/2023 that documents, "Resident stated that [s/he] was trying to pick up something when [s/he] loss[sic] [his/her] balance and fell in the shower." There was no other documentation of the incident.	Y3234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018802	A. BUILDING: _____ B. WING _____	C 02/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT SUSSEX CBRF (THE)	W235 N6350 HICKORY DRIVE SUSSEX, WI 53089

(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
Y3234	Continued From page 2 Surveyor asked Nurse B if s/he was aware if EMS was called or if Resident 1 was in the process of toileting or showering when the fall occurred. Nurse B stated that s/he knows that Resident 1 has had a few fells but not specific details. On 02/12/2024, at 10:43 a.m., Fire Chief C provided Surveyor with documentation stating that EMS was for a lift assist for Resident 1 after a fall in the bathroom. On 02/16/2024, at 9:15 a.m., Lieutenant D, who responded to the lift assist for Resident 1 along with EMT E, confirmed that, "On 12/4 when we had this patient, we found the pt in the bathroom on the floor with [his/her] pants down." On 02/19/2024, at 2:00 p.m., Surveyor reviewed the above concerns with Administrator A. Administrator A stated that this was disappointing and that s/he would take care of everything on his/her end with the staff.	Y3234		