STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019630	A. BUILDING: _____ B. WING _____	C 04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY VIEW	**10507 S CHICAGO ROAD OAK CREEK, WI 53154**

(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 04/21/2025, Surveyor completed 2 complaint investigations at Country View. As a result, 1 deficiency was identified. One complaint was substantiated, and 1 complaint was unsubstantiated. Census: 46	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was assessed when s/he had a change of condition. Resident 1 fractured her/his tibia and was not assessed for pain management. Findings include: On 04/02/2025, the Department received a complaint with concerns regarding resident pain. On 04/15/2025, at 2:30 PM, Surveyor reviewed	N 381		

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

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N 381	Continued From page 1	N 381		

Resident 1's file. Resident 1 was admitted on 11/18/2024 with diagnoses including end stage renal disease, acute kidney failure, type 3 diabetes, hyperkalemia, hyperlipidemia, chronic kidney disease stage 5 and dialysis patient. Resident 1's individual service plan (ISP) indicated Resident 1 received dialysis on Tuesdays, Thursdays, and Saturdays.

An incident report, dated 02/01/2025, indicated at 8:27 PM, staff member was assisting Resident 1 in the bathroom. Resident 1 grabbed the grab bar and was assisted into the standing position for a pivot and transfer onto the toilet. The staff member pulled down Resident 1's brief and pants Resident 1 became weak and dropped down into a squatting position. Staff member was unable to stand Resident 1 up. Resident 1 stated s/he was in pain and unable to stand and stayed in the squatting position. Staff member called for assistance. Another employee entered the bathroom to assist with the transfer of Resident 1 onto the toilet. After using the restroom, Resident 1 was assisted to bed. A couple of hours later Resident 1 complained of pain in her/his left leg. Resident 1 was transferred to the emergency room (ER).

An after-visit summary (AVS), dated 02/02/2025, indicated Resident 1 was diagnosed with a closed fracture of proximal end of left tibia. Resident 1 received a prescription for hydrocodone with acetaminophen 5-325 milligrams (mg), 1 tablet every 6 hours as needed.

An AVS, dated 02/03/2025, indicated Resident 1 was seen in the ER for leg pain.

Resident 1's medication administration record (MAR) indicated Resident 1 was administered

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N 381	Continued From page 2 hydrocodone with acetaminophen 5-325 mg on the following dates: 02/03/2025 at 9:07 PM 02/04/2025 at 3:32 AM 02/04/2025 at 2:52 PM 02/05/2025 at 8:09 PM 02/06/2025 at 3:14 PM Resident 1's MAR indicated Resident 1 was administered acetaminophen 650 mg on the following dates: 02/02/2025 at 9:10 PM 02/03/2025 at 6:47 AM 02/03/2025 at 2:07 PM 02/03/2025 at 11:16 PM 02/05/2025 at 7:32 AM 02/05/2025 at 1:43 PM 02/05/2025 at 10:58 PM 02/07/2025 at 2:07 AM Surveyor reviewed Resident 1's progress notes. "02/02/2025 2:45 AM Resident was crying out in pain and told staff [s/he] wanted to go to the hospital. Resident was sent to Ascension Franklin for evaluation. All parities notified." "02/02/2025 10:00 PM At the request of [family member] resident was sent out to west allis [sic] memorial for evaluation of pain level after tibia fracture. All parties notified. [Family member] met [her/him] at the hospital and keeps all paperwork." "02/03/2025 3:00 AM Resident returned to the community from West Allis Memorial with [diagnosis] of closed fracture of left tibia plateau. Resident to take [hydrocodone] as needed and prescribed for pain. No other changes. All parties	N 381		

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N 381	Continued From page 3 notified." "02/08/2025 4:00 PM Resident refused/missed dialysis on Thursday and then refused/missed dialysis again today due to being in too much pain from recent fracture. Management spoke with [family member] and [managed care organization] team, all parties were in agreement that [resident] should be sent out to the hospital to receive dialysis. Paramedics were called and [resident] was sent to West Allis Memorial per family request. [Resident] will need rehab for fracture prior to returning to community." On 04/21/20256 at 3:00 PM, Surveyor interviewed Administrator A. Administrator A reported assessments were completed upon move in, 30 days after moving in, annually and as needed with changes. Administrator A reported assessments were not completed after Resident 1 had her/his fall as things happened fast.	N 381		