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 _____	R-C 05/19/2026

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

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{N 000}	Initial Comments On 05/19/2026, Surveyors conducted two complaint investigations and verification visit for Statement of Deficiency (SOD) 8VXY12, dated 10/03/2025, at Country View, a Community-Based Residential Facility (CBRF) in Oak Creek, WI. Nine of 9 deficiencies were corrected for SOD 8VXY12. Three new deficiencies were identified. Two of 2 complaints substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 47	{N 000}		
N 356	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's rights to the least restrictive environment for 47 of 47 residents. The provider did not allow residents to have visitors of their choice at anytime. Findings include:	N 356		

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

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N 356	Continued From page 1 On 04/08/2026, the Department received a complaint about the provider prohibiting visitors for residents. On 05/19/2026, Surveyors requested the house rules and visitors' policy from Administrator A and the following was identified: -The facility house rules documented the following: "Visitors: To support rest and routine, visitors are encouraged to visit during waking hours." -The facility visitors and guests' policy documented the following: "Resident visitors are welcome and encouraged during normal hours (8:00 AM to 9:00 PM). On 05/19/2026, at approximately 12:58 PM, Surveyors interviewed Resident 2. Surveyors inquired about visiting hours. Resident 2 reported his/her family member was forced to leave the facility by staff due to visitors not being allowed at that time of day (11:00 PM). On 05/19/2026, at approximately 1:12 PM, during the exit conference, Surveyors interviewed Administrator A, Regional Manager B and House Manager C. Administrator A, Regional Manager B and House Manager C reported visitors are to sign in and out. Visitors are to ask for permission if staying past 9:00 PM. Administrator A, Regional Manager B and House Manager C confirmed visiting hours are during "wake" hours, which is 8:00 AM to 9:00 PM.	N 356		
N 385	83.35(2) Temporary Service Plan.	N 385		

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N 385	Continued From page 2 Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare and implement a written Temporary Service Plan (TSP) to meet the immediate needs for 1 of 1 resident (Resident 7) reviewed. Resident 7 had a history of falls. Resident 7's TSP did not identify interventions implemented to prevent subsequent falls for Resident 7. Findings include: On 12/17/2025, the Department received a complaint regarding the provider not providing the immediate needs for residents. On 05/19/2026, Surveyor reviewed Resident 7's record and identified the following: -Resident 7 was admitted to the facility on 12/10/2025 with diagnoses of blindness and deafness. -Resident 7's assessment, dated 12/01/2025, documented the following: "Category: Falls Risk. High Fall Risk. History of falls within last six months: 1 fall prior to hospital due to being sick. Mobility: Requires assistance or supervision for mobility, transfer, or ambulation. Unsteady gait. Visual or auditory impairment affecting mobility. Medication: On 1 high fall risk medication. Fall History: 1 fall or more within the last 6 months."	N 385		

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N 385	Continued From page 3 -Residents 7's TSP, dated 12/10/2025, documented the following: "Fall Risk: Yes." Resident 7's TSP did not identify interventions implemented to prevent subsequent falls for Resident 7. On 05/19/2026, at approximately 1:12 PM, Surveyors interviewed Administrator A. Administrator A reported fall risk was confirmed at the time of preadmission. Administrator A reported s/he completed Resident 7's TSP. Administrator A confirmed Resident 7's TSP did not address interventions to address the fall risk that was identified.	N 385		
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 the individual service plan (ISP) of 1 of 1 resident (Resident 4) reviewed was followed. Resident 4 was transferred without 2 person assist using the Hoyer lift as indicated in his/her ISP. Resident 4 was not being toileted every 2 hours as indicated in his/her ISP. Findings include: On 05/19/2026, Surveyors reviewed Resident 4's record identified the following: -Resident 4 was admitted to the facility on 06/11/2019 with a diagnosis of urinary incontinence.	N 388		

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N 388	Continued From page 4 -Resident 4 had an activated healthcare power of attorney. -Resident 4's ISP, dated 04/08/2026, indicated the following: "Toileting. Current Status: [Resident 4] is able to communicate with staff when needing to use the bathroom at times. [Resident 4] requires assist of 2 with a Hoyer lift for transfers, so it is difficult to get [Resident 4] onto the toilet. Bed pan encouraged, [Resident 4] will use call buttons or ask for assistance from staff when needing to use the bathroom. [Resident 4] does wear depends throughout the day and night due to [his/her] [diagnosis] of urinary incontinence (occasional) and often constipation. [Resident 4] has daily incontinence of urine and bowels. Staff do 2-hour changes due to [Resident 4] heavy wetting throughout the day. Ambulation/Transferring. Current Status: [Resident 4] uses a manual wheelchair to ambulate at all times with staff assistance. [Resident 4] requires a Hoyer lift and assistance from two caregivers for transfers. [Resident 4] requires staff assistance with positioning needs. [Resident 4] requires assistance from 2 staff to complete transfers due to [Resident 4] being a Hoyer lift transfer." On 05/19/2026, at approximately 9:40 AM, Surveyors interviewed Resident 8 (shared room with Resident 4) reported Resident 4 was not changed all of 2nd shift on 05/18/2026. Resident 8 reported s/he observed Resident 4's depends to be very brown. Resident 8 reported 1st shift often expresses frustration as 3rd shift do not change Resident 4 throughout the night. Resident 8 reported at times s/he had to press his/her call light as staff will not respond to Resident 4's call light, so if s/he pressed his/her call light, staff	N 388		

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N 388	Continued From page 5	N 388		

believes something is wrong with Resident 4. Resident 8 reported s/he informed Administrator A about the lack of cares to Resident 4. Administrator A stated, "Will check on it."

On 05/19/2026, at approximately 10:00 AM, Surveyors interviewed Resident 4. Resident 4 reported it often takes more than 10 minutes for caregivers to come to assist with personal cares after pressing the call button. Resident 4 reported s/he should be a 2 person assist; however, it is usually 1 staff assisting and using the Hoyer lift. Resident 4 reported s/he would have to wait an entire shift before being able to be changed if no one that is "strong" enough to change him/her. Resident 4 reported s/he would like to use the restroom, however, due to weakness, staff will not assist to the restroom. Resident 4 reported s/he talked to Administrator A, but no results.

On 05/19/2026, at approximately 10:27 AM, Surveyors interviewed Caregiver F. Caregiver F confirmed transferring Resident 4 with no assistance. Caregiver F confirmed coming onto 1st shift and Resident 4 had not been changed all 3rd shift. Caregiver F reported s/he knows this specifically if Caregiver G worked the night prior.

On 05/19/2026, at approximately 1:12 PM, Surveyors interviewed Administrator A, Regional Manager B and House Manager C. Administrator A, Regional Manager B and House Manager C confirmed Resident 4 was a two person assist and used a Hoyer lift for transfers. Administrator A, Regional Manager B and House Manager C denied one person was using a Hoyer lift. Administrator A, Regional Manager B and House Manager C stated they could not believe a staff member would confirm being the only individual using a Hoyer lift alone. Administrator A denied

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N 388	Continued From page 6 receiving any complaints about the delay in cares.	N 388		