STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014137	A. BUILDING: _____ B. WING _____	C 11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAN DYKE	1811 S VAN DYKE RD APPLETON, WI 54914

(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 11/12/2025, Surveyors investigated 1 complaint. The complaint was unsubstantiated. As a result of the complaint visit for statement of deficiency (SOD) 9RK311, one new deficiency was identified. Census 8	N 000		
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 Resident 1's individual service plan was implemented and followed as written for 1 of 3 residents reviewed. Resident 1's individual service plan indicated Resident 1 had a need for Speech Therapy. Speech Therapy was not implemented. Resident 1's individual service plan indicated Resident 1 had her/his own cell phone to communicate through text. Resident 1 does not have a cell phone. This resulted in residents not receiving prescribed care. Findings include: On 11/12/2025, Surveyor conducted an onsite visit to the facility and requested Resident 1's	N 388		

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

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N 388	Continued From page 1 resident record. Resident 1 was admitted to the facility on 04/01/2024 with diagnoses to include Malignant neoplasm of larynx, depression, anxiety, bipolar, acquired absence of left leg below knee, and chronic pain. On 08/27/2025, a routine 6 month ISP was completed on Resident 1. The section of titled: "Communication," indicated resident's needs: resident had a Laryngectomy 12/2022 and writes on a white board. Indicated Resident 1 needs speech therapy. Facility to work with (Managed Care Organization) to set up. Resident has her own phone to text. Resident 1's desired outcomes listed were: to effectively communicate needs and wants. On 11/12/2025 at 11:00 AM, Surveyor interviewed Program Lead. Program Lead B indicated s/he provides care for Resident 1, takes Resident 1 to appointments, and assists with needs. Program Lead B indicated Resident 1 is not aware of Resident 1 being evaluated or treated by Speech Therapy. Program Lead B indicated Program Lead C has been working on obtaining Speech Therapy provider for Resident 1. Program Lead B indicates Resident 1 communicates with staff and other residents by writing letters, writing on white board, and mouthing words. Program Lead B provided Surveyor with file of written letters to staff from Resident 1. Surveyor reviewed letters written by Resident 1. Program Lead B indicated Resident 1 does not currently have a phone and has not for the past month Program Lead B has worked in home. Program Lead B indicated she/he does not document Resident requests/concerns and resolution in observation notes.	N 388		

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N 388	Continued From page 2 On 11/12/2025 at 11:15 AM, Surveyor interviewed Division Administrator A. Division Administrator A indicated Resident 1 does not have a phone. Division Administrator A indicated she/he is not aware of Resident 1 having a tablet or phone that broke. Division Administrator A indicated Resident 1 has an order for a Speech evaluation and treatment effective 04/2025. Division Administrator A indicated Resident 1 has an order to receive speech therapy services and a voice box to assist with communication. Division Administrator A indicated an appointment with speech therapy has been delayed due to provider cancelation. Division Administrator A unable to provide documentation regarding coordination of speech therapy services. On 11/12/2025 at 11:30 AM, Surveyor interviewed Resident 1. Resident 1 indicated she/he does not have a voice due to cancer surgery. Resident 1 indicated she/he communicates by writing letters, writing on dry erase white board, mouthing words, and using hand gestures with others. Resident 1 indicated she/he use to have a tablet she/he used to communicate but it broke 4 months ago. Resident 1 indicated it was easier for Resident 1 to communicate when she/he had a phone. Resident 1 indicated she/he would like to have a tablet or a phone to send messages. On 11/12/2025 at 12:15 PM, Surveyor interviewed Program Lead C. Program Lead C indicated Resident Speech Therapy evaluation and treatment had been delayed due to inability to obtain a provider in the area. Program Lead C indicated initial appointment for Speech Therapy was set up in Milwaukee, changed to Sheboygan, and then changed to Oshkosh. Program Lead C confirmed Resident 1 has not been seen for evaluation by Speech Therapy since admission.	N 388		

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N 388	Continued From page 3 Program Lead C indicated she/he did not know when the order for speech therapy was obtained or the reasoning for services. Program Lead C indicated speech therapy evaluation and treatment appointment is scheduled. Program Lead C is unable to provide appointment date. On 11/13/2025 Division Administrator A Provided Resident 1 information and documentation which included observation notes. Surveyor reviewed documentation. Observation notes did not include communication regarding coordination of Speech Therapy evaluation or treatment. On 11/24/2025 at 1:06 PM, Surveyor interviewed Managed Care Organization (MCO) Registered Nurse (RN) D. MCO RN D indicated Resident 1 had an order for Speech Therapy evaluation and treatment dated 04/09/2025. MCO RN D indicated the provider is responsible for coordinating and making appointments as Facility staff are responsible to provide transportation and attend appointments for Resident 1. MCO RN D indicated Resident 1 communicates with him/her through written letters or facility staff communicate Resident 1's needs with MCO staff as needed. On 11/24/2025 at 2:45 PM, Surveyor interviewed Division Administrator A regarding any additional documentation of Resident 1's communication follow up. Division Administrator A indicated staff communicate with Resident 1, case manager and nurse verbally. Division Administrator A indicated resolution and plan of care discussions with Resident 1 are not always documented. The facility was unable to produce any documentation the facility was following the ISP.	N 388		

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N 388	Continued From page 4 Summary: The Provider did not ensure Resident 1's individual service plan was implemented and followed as written. Resident 1 did not receive speech therapy services as individual service plan indicated need.	N 388		