Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015650	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT WEST BEND (THE)	**831 E WASHINGTON WEST BEND, WI 53095**

(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 From 12/06/2023 to 01/03/2024, Surveyor conducted 2 complaint investigations at Waterford at West Bend, a CBRF in West Bend. One deficiency was identified. Two of 2 complaints were unsubstantiated. Census: 36	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 interview, the provider did not ensure Resident 1's individual service plan (ISP) was updated when there was a change in his/her needs. Findings include: On 12/06/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident	N 389		

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

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N 389	Continued From page 1 1 was admitted to the provider's facility on 04/11/2023 with diagnosis of dementia. Resident 1's progress notes, dated 04/11/2023 to 06/13/2023, documented s/he fell on 04/14/2023, 04/16/2023, 04/22/2023, 04/23/2023, 04/28/2023, 05/08/2023, 05/09/2023 and 05/27/2023. Resident 1's ISP dated 04/12/2023, stated, "Considered at risk for falls, appropriate interventions should be implemented on service plan and a negotiated risk agreement completed ... Interventions: Obtain order for PT/OT/ST/Optometrist/Pharmacist/MD/Psychological evaluation ... Obtain wireless pendant for emergency call." On 12/06/2023 at approximately 11:30 a.m., Surveyor interviewed Associate Administrator B. Surveyor asked Associate Administrator B if Resident 1's ISP was updated with necessary interventions following his/her falls. Associate Administrator B stated s/he thought the preventative measure was to have staff keep Resident 1 in the common area. Associate Administrator B stated s/he believed the preventative measure was listed on a report. Associate Administrator B then reviewed records and was unable to provide an updated report with interventions related to falls. On 01/03/2024 at approximately 2:00 p.m., Surveyor interviewed Administrator A. Surveyor reviewed concern that Resident 1's ISP was not updated after s/he sustained multiple falls at the facility. Administrator A did not have additional information to provide Surveyor regarding ISP updates related to falls.	N 389		