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
	0018068	A. BUILDING: _____ B. WING _____	C 04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE FRANKLIN	**7220 SOUTH BALLPARK DRIVE FRANKLIN, WI 53132**

(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 04/01/2025, Surveyors conducted a complaint investigation at New Perspective Franklin. The complaint was unsubstantiated. One deficiency was identified. Census : 34	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 each resident's Individual Service Plan (ISP) was updated when falls occurred for 4 of 4 residents. Resident 1, Resident 2, Resident 3, and Resident 4 experienced falls and their ISPs were not updated with fall information or interventions to prevent further falls. Findings include: On 04/01/2025 at approximately 11:00 AM,	N 389		

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

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N 389	Continued From page 1 Surveyors reviewed resident records. Resident 1 was admitted on 05/23/2023, with diagnoses including repeated falls, difficulty walking, restlessness and agitation. Between 09/08/2024 and 03/12/2025, Resident 1 had 11 falls. Resident 1's ISP, dated 09/01/2024, did not include mention of any of the falls or additional interventions to prevent further falls. Resident 2 was admitted on 01/10/2022, with diagnoses including pain, hypertension, vascular dementia, restlessness and agitation. Between 09/14/2024 and 12/21/2024 Resident 2 had 7 falls. Resident 2's ISP, undated, did not include mention of any of the falls or additional interventions to prevent further falls. Resident 3 was admitted on 05/01/2024, with diagnoses including glaucoma, hypertension and GERD. Between 10/6/2024 and 02/03/2025 Resident 3 had 9 falls. Resident 3's ISP, undated, did not include mention of any of the falls or additional interventions to prevent further falls. Resident 4 was admitted on 09/02/2020, With diagnoses including encephalopathy, hypertension, restlessness and agitation. Between 10/03/2024 and 3/10/2025, Resident 4 had 13 falls. Resident 4's ISP, dated undated, did not include mention of any of the falls or additional interventions to prevent further falls. Record review showed none of the above residents had any changes to their service plans following the falls. On 04/01/2025 at approximately 12:30 PM, Surveyors interviewed Health and Wellness Director A. Health and Wellness Director A	N 389		

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N 389	Continued From page 2 confirmed the care plans were not updated with interventions after falls. Health and Wellness Director A stated that after speaking to his/her supervisor s/he realized they had been doing it wrong, and going forward updates will be made to the service plans following falls.	N 389		