STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016731	A. BUILDING: _____ B. WING _____	C 07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE MEADOWS ASSISTED LIVING	**1001 PRIMROSE LANE FOND DU LAC, WI 54935**

(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 07/18/2025, with additional information gathered through 07/22/2025, Surveyor conducted one complaint investigation at Maple Meadows Assisted Living. As a result of the investigation, the complaint was substantiated and 1 new deficiency was identified. Census: 20	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 the Individual Support Plan (ISP) was updated upon change in a resident's needs, abilities or physical condition for Resident 1. Resident 1 experienced a fall on 12/13/2023 resulting in a left hip fracture. Resident 1 returned to the facility and experienced 3 additional falls. The ISP did not address Resident 1's fall risk or	N 389		

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

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N 389	Continued From page 1 provide additional interventions after each fall. Findings Include: On 02/27/2025, the department received a complaint alleging interventions were not developed and implemented to prevent falls. On 07/18/2025, at approximately 9:45AM, Surveyor interviewed Executive Director A (ED-A). ED-A reported Resident 1 experienced a fall in December 2023 resulting in a broken hip. ED-A stated Resident 1 went to a facility to receive therapy services and returned to Maple Meadows. After returning to Maple Meadows, Resident 1 received physical therapy (PT) services, but experienced another fall in October 2024 that resulted in another broken hip. SELF-REPORTS ON FILE: On 07/18/2025, Surveyor reviewed self-reports received by the department from the provider related to Resident 1's falls requiring treatment. The self-reports contained the following information: 12/13/2023: " ...at approximately 7:10am caregiver found resident on [his/her] bathroom floor calling out for help ...resident stated [s/he] fell off the toilet because [s/he] was feeling dizzy ... Resident stated [his/her] left hip/leg were in pain. Staff stopped assessment and called 911. Resident has had falls previously ...Current interventions in place include verbal reminders from staff to use walker and call light proper footwear, room clear of clutter, call for staff if feeling dizzy and keeping call light within resident's reach ... Incident Outcome ...Resident broke [his/her] hip in 4 places, and will be going to	N 389		

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N 389	Continued From page 2 rehab facility." 02/24/2024: " ... at approximately 10:05am wellness coordinator heard resident calling out for help and observed resident on floor in front of closet ... Staff checked resident for any sign of pain or injury. Resident had a lump on [his/her] head, scraped knee and pain in [his/her] right thigh. Resident is a fall risk and has had previous falls ... Resident was sent to ED via ambulance ... [Power of Attorney of Healthcare] called to wellness director to let [him/her] know resident had closed fracture of the third thoracic vertebra, and unspecified fracture ... Care plan has been reviewed and updated. It states to remind resident to use the call light for assistance and to walk with staff assistance ..." 10/06/2024: " ... at approximately 1:40am medication aide heard resident calling out for help and observed resident on the floor next to [his/her] bed ... Resident had pain to right hip. Resident ambulates with stand by assistance of staff and walker prior to incident. Resident is a fall risk and has prior falls. Fall prevention plans were in place prior to this incident including more frequent toileting and safety checks. Resident will be reassessed prior to return to building with ISP changes if needed ... Resident was sent to ED via ambulance. [Power of Attorney of Healthcare] called community to let them know resident had right hip fracture ... Care plan h as been reviewed and updated. It states to remind resident to use the call light for assistance and to walk with staff assistance and safety checks during the night." RESIDENT 1'S PROGRESS NOTES: On 07/21/2025, Surveyor reviewed Resident 1's progress notes for February 2024 through	N 389		

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N 389	Continued From page 3 October 2024. The progress notes identified the falls on 02/24/2024 and 10/06/2024. The progress notes contained an additional fall on 05/01/2025 as follows: 05/01/2024: "Staff was bringing resident down for supper. Staff and resident were turning corner and resident lost balance and fell backwards. Staff made sure resident was OK. No complaints of pain but [s/he] did hit [his/her] head. Resident did not wish to go to ER and wanted to talk to [his/her] [Family Member] ..." INDIVIDUAL SUPPORT PLAN (ISP): On 07/18/2025, Surveyor reviewed Resident 1's ISP dated 09/13/2024. The ISP noted Resident 1 had the following diagnosis: chronic embolism and thrombosis of deep veins of lower extremity, sickle-cell thalassemia, long term use of anticoagulants, other disorders of bone density and structure and history of falling. Under the section, titled "Mobility" noted the following updates: - "Fall: 10/6/24 Date Initiated: 10/08/2024" - "Staff to anticipate residents [sic] needs Date Initiated: 12/13/2023 Revision on 04/13/2024" - "Ambulates with a walker and SBA from staff Date Initiated: 09/06/2023 Revision on: 09/13/2024" - "Staff to assist with ambulation Date Initiated: 09/13/2024" - "Call light within reach when in room: Date Initiated: 09/13/2024" - "Encourage non-slip sock in room. Date Initiated 09/13/2024" - "Keep pathways in room free of clutter. Date Initiated: 09/06/2023"	N 389		

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N 389	Continued From page 4 Further review of the ISP revealed there were no interventions added after the falls that occurred on 02/24/2025 and 05/01/2025. The ISP only reflected updates made after 09/13/2024. Additionally, the ISP focused on mobility, but did not identify the history of fall risk, except in the diagnosis. On 07/21/2025, at approximately 3:30PM, Surveyor interviewed ED-A. ED-A advised Resident 1 was receiving PT services when s/he experienced the falls on 02/24/2025 and 05/01/2025. ED-A reported Resident 1 was discharged from PT services prior to the fall that occurred on 10/06/2024. Upon PT discharge, ED-A explained the physical therapist noted Resident 1 could ambulate independently. ED-A explained s/he became the executive director for the facility on 01/12/2025 and was not involved with the updates of the ISP. ED-A stated since beginning the position, s/he has ensured there is a licensed nurse available for clinical situations and assessment. Note: On 07/21/2025, at approximately 3:30PM, Surveyor reviewed the PT note dated, 09/13/2024 that stated, "PT discharge completed today. Reviewed all goals. Independent with mobility ... spoke to [Power of Attorney of Health Care] about a chair with arms at [his/her] dining room table in room for decreased falls ..." Resident 1 was admitted to the facility on 08/01/2023. On 12/13/2023, Resident experienced a fall resulting in a fractured hip. Upon return to the facility, Resident 1 received PT services, but had subsequent falls on 02/24/2025 and 05/01/2025. There were no updates documented on the ISP for those falls. Resident 1 experienced another fall on 10/06/2024, resulting	N 389		

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N 389	Continued From page 5 in right side hip fracture.	N 389		