STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018672	A. BUILDING: _____ B. WING _____	C 09/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA WEST	150 BELLA VISTA DRIVE MADISON, WI 53717

(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
U 000	INITIAL COMMENTS On 09/08/2023, Surveyor conducted a standard licensure survey and a complaint investigation at Vista West. One deficiency was identified. Complaint was unsubstantiated. Census: 36	U 000		
U 200	89.28(2)(a)1. RISK AGREEMENT (2) CONTENT. A risk agreement shall identify and state all of the following: (a) Risk to tenants. 1. Any situation or condition which is or should be known to the facility which involves a course of action taken or desired to be taken by the tenant contrary to the practice or advise of the facility and which could put the tenant at risk of harm or injury. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not implement a negotiated risk agreement upon admittance, 05/2022, with Tenant 1 when s/he was assessed as a fall risk. Findings include: On 09/08/2023, at approximately 11:00 AM, Surveyor observed Tenant 1 in his/her apartment ambulating with a wheeled walker. Tenant 2 stated that Tenant 1 had sustained falls and was	U 200		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 200	Continued From page 1	U 200		

considered a fall risk.

On 09/08/2023, at approximately 2:00 PM, Surveyor interviewed Regional Clinical Nurse Manager B. Regional Clinical Nurse Manager B stated that s/he had assess Tenant 1 prior to his/her moving into the facility and was familiar with his/her diagnosis of Parkinson's. Regional Clinical Nurse Manager B stated that Tenant 1 was considered a fall risk and had suffered numerous falls since admission.

On 09/08/2023, Surveyor reviewed Tenant 1's record.

Tenant 1 admitted to the facility, 05/21/2022, with diagnoses including Parkinson's disease, osteoporosis, dementia and depression.

Tenant 1's pre-admission medical records documented:
"07/15/2021: Suspected seizure: fall with profound confusion and slow to respond immediately after per [Tenant 2] with transient left-sided weakness witnessed by EMS (emergency medical service)."
"Admit date: 11/28/2021, Discharge date: 12/20/2021; Principle Reason For Admission: Fall with rib fractures"

Tenant 1's "Initial Assessment," dated 05/31/2022, documented:
"Walking/Ambulation - Needs some physical assistance."
"Physical Disabilities - Level of Acuity - Requires steady assistance and reminders as well as light physical assistance. Monitor and cue frequently."

Tenant 1's "Initial Individual Service Plan," dated 05/31/2022, documented:

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U 200	Continued From page 2 "Wheelchair bound for the most part. Does some walking with [his/her] walker. Very unsteady. Please escort [him/her] to all meals." Tenant 1's record contained 18 "Incident Reports," related to falls, from 03/02/2023 to 09/04/2023. On 09/08/2023, at approximately 3:30 PM, Surveyor interviewed Executive Director A. Executive Director A stated that Tenant 1's Parkinson's disease had progressed since Tenant 1 had moved into his/her apartment. Executive Director A stated s/he did not have a risk agreement on file for Tenant 1 in relation to his/her fall risk, but would have one negotiated.	U 200		