STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018883	A. BUILDING: _____ B. WING _____	C 08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FERGUSON HOUSE	3820 OLD GREEN BAY ROAD MOUNT PLEASANT, WI 53403

(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 08/29/2025, Surveyor completed a complaint investigation at Ferguson House. As a result, 2 deficiencies were identified. The complaint was substantiated. Census: 7	N 000		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on interview and record review, the provider did not investigate injuries of an unknown source for 1 of 1 resident (Resident 1). Resident 1 had fractures which were not investigated. Findings include: On 04/15/2025, the department received a complaint alleging concerns about investigating injuries. On 08/15/2025, at 11:45 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/03/2025 with diagnoses including Alzheimer's, rheumatoid arthritis, and osteoporosis. Resident 1's initial assessment, undated, identified Resident 1 utilized a walker and was a fall risk.	N 161		

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

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N 161	Continued From page 1 Surveyor reviewed Resident 1's observation notes. 02/10/2025 at 1:00 PM - Resident 1's [child] verbalized concerns of Resident 1 appeared to have hip pain. Request for scheduled acetaminophen was sent to doctor office. 02/16/2025 at 10:00 PM - "Writer received notification from staff on 2/15 at approximately 1230 that family had stated to staff that resident is complaining of pain in left hip when moving. Staff administered [as needed] (PRN) acetaminophen - writer followed up with staff at approximately 1330 and staff stated that resident had returned to baseline and had no complaints of pain with transfers ..." 02/16/2025 at 10:15 PM - "Writer received call from staff at approximately 1030 resident continues to complain of pain in left hip. Staff administered PRN acetaminophen ...Power of Attorney C requested to speak with writer regarding concern ...POA C explained that resident has a high pain tolerance and that s/he does not often complain of pain ...writer suggested [emergency room] (ER) eval (evaluation) for further testing ...resident transferred to [ER]. Scans completed - no fracture present. Resident [urinary analysis] positive for [urinary tract infection]. Resident admitted for observation and [intravenous] antibiotics." 02/19/2025 at 2:00 PM - Social worker from hospital reported Resident 1 had a sacral ala fracture and tibial plateau fracture. Resident 1's file contained a discharge letter which indicated Resident 1 was discharged on	N 161		

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N 161	Continued From page 2 02/22/2025. On 08/15/2025, at 12:50 PM, Surveyor interviewed Administrator A and Nurse B. Surveyor inquired if an investigation had been completed regarding Resident 1's fractures. Nurse B reported there was not an incident report, and they were not aware of any falls. Nurse B reported Resident 1 was discharge from the facility. Nurse B confirmed the facility was notified of the fractures on 02/19/2025 and Resident 1 was discharged on 02/22/2025. Surveyor inquired if Resident 1 was still a resident of the facility on 02/19/2025, why an investigation was not completed. Administrator A reported they did not complete an investigation because there was no fall reported, and Resident 1 went out to the ER for pain. Administrator A and Nurse B acknowledged an investigation should have been completed.	N 161		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident to the Department within 3 working days of a serious injury in 1 of 1 resident (Resident 1). Resident 1 sustained 2 fractures.	N 165		

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N 165	Continued From page 3 Findings include: On 08/15/2025, at 11:45 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/03/2025 with diagnoses including Alzheimer's, rheumatoid arthritis and osteoporosis. Resident 1's observation notes indicated the following: 02/16/2025 - Resident 1 was sent out to the hospital with left hip pain. 02/19/2025 - Resident 1 was diagnosed with a sacral ala fracture and tibial plateau fracture. On 08/15/2025, at 12:50 PM, Surveyor interviewed Administrator A and Nurse B. Administrator A, and Nurse B confirmed the code requirement. Administrator A and Nurse B reported because they were unaware of an incident or accident which would have caused the injuries to Resident 1, they did not report the injury to the Department. Administrator A acknowledged a report should have been submitted to the Department.	N 165		