STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

(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 01/29/2025, Surveyor conducted a complaint investigation at Milestone Senior Living Renee. The complaint was substantiated. One deficiency was identified and was a repeat deficiency. See Statement of Deficiency (SOD) H7X911, dated 09/04/2019. Census: 17 tenants; 18 apartments	U 000		
U 211	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be updated when the tenant's condition or service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 1's risk agreement was updated when Tenant 1 had an increase in falls between 09/08/2024 and 11/08/2024. Tenant 1 was found deceased on the floor of his/her apartment on 11/08/2024 with injury to the back of his/her head. This is a repeat deficiency. See Statement of Deficiency (SOD) H7X911, dated 09/04/2019. Findings include: On 11/11/2024, the Department received a complaint regarding resident care related to falls.	U 211		

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

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U 211	Continued From page 1 On 01/29/2025, Surveyor reviewed Tenant 1's record. Tenant 1 had an admission date of 03/29/2011, per the face sheet provided. The admission agreement documented an occupancy start date of 02/01/2023 but the signature page documented the agreement was made on the "24th day of February, 2022," and was signed and dated by Tenant 1's son, and the provider director on 02/24/2023. Surveyor reviewed one risk agreement in Tenant 1's record, dated 07/17/2023, which indicated Tenant 1 was a high fall risk due to history of falls, and wanted to increase independence and remain as functional as possible, which may result in injury. The risk agreement identified the provider would provide around the clock staff to assist with resident when they choose to have assistance with ADL's (activities of daily living), and encouraged Tenant 1 to use the call pendant system for assistance. The risk agreement further stated the facility would complete ongoing assessments to determine if a greater level of assistance was required or requested, and would alter the service plan to meet the requirements of the assessments, which may result in altered care costs. Surveyor reviewed Tenant 1's record provided by Health Care Coordinator (HCC) B, which included the face sheet, incident reports, service plan, progress notes, facility investigations, and daily task records. No assessments were available for review. The following incident reports were reviewed: -11/08/2024: "Staff entered resident apartment to	U 211		

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U 211	Continued From page 2	U 211		

give morning medication. Staff observed resident on the floor in the living room on [his/her] right side facing away from staff member. Staff observed an injury to the back of Tenant 1's head, called out name, and shook Tenant 1's shoulder. Tenant 1 was cold to the touch and stiff. Staff checked for pulse and breathing as instructed, but determined no pulse was present. EMS presented to apartment and determined Tenant 1 had passed."

-11/06/2024: "Staff report while in tenant's room, tenant lost balance and fell. No injuries were noted and tenant stood back up on his/her own." The incident report had a section titled, "Incident Checklist," to document facility follow-up items. HCC B documented "not at this time" for the reason the following items were not completed: care plan adjusted for change in level of care needs, referral for therapies, tenant reoriented or trained to use call bell/alert system, and staff educated/in-serviced.

-09/08/2024: "Staff walked into tenant's room to give morning meds and noticed resident had a red, bruised, scraped and swollen area on the right side of forehead. When asked what happened, tenant stated s/he fell but could not recall when. Tenant thought s/he may have fallen in the kitchen but did not recall what s/he was doing or when it occurred." The incident report had a section titled, "Incident Checklist" to document facility follow-up items. HCC B signed off the following items were not completed, as "N/a" (not applicable) was documented for each item: care plan adjusted for change in level of care needs, referral for therapies, set alert charting and staff educated/in-serviced.

Surveyor reviewed Tenant 1's service plan,

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U 211	Continued From page 3 signed by Tenant 1's family representative and HCC B on 08/14/2024, last modified by HCC B on 07/10/2024. The service plan indicated Tenant 1 had potential for falls and stated, "Ensure resident is wearing proper footwear, walkways are free of clutter. Remind resident to call for assistance if needed." Surveyor reviewed Tenant 1's service plan (additional copy provided by HCC B that was not signed), last modified by HCC B on 11/08/2024. The service plan had the following update noted: "Resident will not sustain any injuries related to falls. Remind to call for assistance. Fall interventions are: (specify) 11/6/24: Resident reminded to use assistive device when ambulating." The provider did not ensure Tenant 1's risk agreement was updated to reflect the increase in falls and risk of injury associated with those falls.	U 211		