STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018623	A. BUILDING: _____ B. WING _____	C 09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD PLACE	**808 CORNERSTONE CROSSING WATERFORD, WI 53185**

(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 09/11/2024 with information gathered through 09/19/2024, Surveyors conducted three complaint investigations at Waterford Place, a Community-Based Residential Facility (CBRF) in Waterford, WI. Two deficiencies identified. Three of 3 complaints unsubstantiated. Census: 42	N 000		
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 observation, record review and interview, the provider did not submit a written report to the department within 3 working days after an incident or accident resulting in serious injury requiring emergency room treatment for 1 of 1 resident (Resident 1) reviewed. Findings include: The facility is licensed as a 57 bed class CNA (non-ambulatory) facility to provided services for advanced aged, irreversible dementia/Alzheimer's and physically disabled. Resident 1's Fall/Incident report on 07/08/2024 at	N 165		

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

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N 165	Continued From page 1 3:15 AM stated the following: "Resident was sitting in dining room chair and [s/he] fell over onto the floor. [S/he] hit [his/her] face on the floor. Hospice contacted and Spouse/HCPOA then contacted by Hospice RN. Resident sent out to Emergency Room via EMS transport to address injuries sustained. Resident returned to community same day. Hospice saw [him/her] in the community upon return to community and changes to pain control implemented by their provider. Concerns: Bloody nose, bump on right side of forehead, pain." Resident 1's After Visit Summary (AVS) from Emergency Room dated 07/08/2024 stated the following: -"Reason for Visit: Fall -Diagnoses: Fall, initial encounter, closed fracture of facial bone, unspecified facial bone, closed displaced fracture of second cervical vertebra -Imagining Tests: CT Facial Bones WO contract, CT Head WO contrast -Discharge Diagnoses: Fall, facial bone fracture, cervical spine fractures -Discharge Medications: Stop [his/her] Xarelto -Pt was given prescribed Morphine PO and prescribed 0.5mg Lorazepam at 4:15 AM due to head pain following fall." On 09/11/2024 at approximately 10:30 AM, Surveyors interviewed Administrator A. Administrator A stated s/he was not sure if they self-reported Resident 1's injuries to the Department. Administrator A stated his/her nurse is the one who typically would self-report and s/he was not sure if s/he did since that nurse is no longer with the company. Administrator A stated	N 165		

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N 165	Continued From page 2 s/he would review to see if previous nurse reported. On 09/11/2024 at approximately 11:30 AM, Administrator A stated the previous nurse did not self-report to the Department regarding Resident 1's Emergency Room Visit on 07/08/2024.	N 165		
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 staff interview, the provider did not update the Individual Service Plan (ISP) when 1 of 1 resident (Resident 1) had mobility/transfer status changed. Findings include: On 09/11/2024 at approximately 9:00 AM, Surveyors interviewed Caregiver B. Caregiver B stated Resident 1 was a two to three person assist because s/he was very strong. Caregiver	N 389		

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N 389	Continued From page 3 B stated Resident 1 used a broda chair and received hospice services. On 09/11/2024, Surveyors reviewed Resident 1's record. Surveyors identified the following: -Resident 1 was admitted to the facility on 09/12/2023. -Resident 1's current ISP was dated 04/29/2024 and stated the following: "Mobility/transfer/escort: Resident will maintain independence with mobility, continue through next assessment. Resident will maintain independence with mobility, continue through next assessment. [Resident 1] is independent with mobility. [Resident 1] is independent with mobility and is able to safely ambulate without assistance from staff or mechanical devices. The goal is for [Resident 1] to maintain [his/her] independence with mobility needs daily and to remain staff and free from falls or injury through [his/her] next review." On 09/11/2024 at approximately 11:30 AM, Surveyors interviewed Administrator A and Regional Wellness Director D. Administrator A and Regional Wellness Director D acknowledged there was nothing in Resident 1's ISP identifying s/he used a broda chair and s/he was not independent with ambulating. Administrator A stated s/he was currently training his/her new assistant and would update Resident 1's ISP as soon as possible.	N 389		