STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011204	A. BUILDING: _____ B. WING _____	C 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS SENIOR PARK	**87 WISCONSIN AMERICAN DR 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 08/12/2024 with additional information gathered through 08/14/2024, Surveyor conducted a complaint investigation at Woodlands Senior Park in Fond du Lac. As a result, the complaint was substantiated and 1 deficiency was identified. Census: 24	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 interviews and record review, the provider did not send a report to the Department within three (3) working days after an incident resulting in serious injury requiring hospital admission or emergency room treatment for 2 out of 2 (Residents 1 and 2) residents reviewed. Findings include: On 08/05/2024, the Department received a complaint alleging concerns related to a resident fall with injury. On 08/12/2024, Surveyor reviewed Department records, which indicated no self-reports were submitted regarding resident falls with injury. On 08/12/2024, Surveyor entered the facility to	N 165		

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

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N 165	Continued From page 1	N 165		

conduct a complaint investigation. Surveyor requested fall reports for July 2024 from Nursing Manager A and Administrator B. Surveyor was provided with 2 incident reports related to falls for Resident 1 and Resident 2.

RESIDENT 1:

Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility on 06/09/2023 with diagnoses including moderate chronic microvascular ischemic disease, generalized atrophy, obstructive hydrocephalus, hypertension, abnormal weight loss and White Matter disease. Resident 1 was identified as a fall risk and has an activated power of attorney for health care (POA-HC).

Resident 1's incident report, dated 07/02/2024 at 5:10 AM stated, "Staff was assisting another resident when resident's call light was pulled, staff got done with the first resident and went straight to [Resident 1's room number] where staff found [him/her] on the bathroom floor with a bleeding head wound. Staff asked resident what happened and [s/he] stated [s/he] dint [sic] know, that [s/he] thought [s/he'd] make it to the bathroom by [him/herself] and must haved [sic] slipped when [s/he] got up." The incident report included "Response to Incident" and staff marked "Yes" to "Transferred to hospital or ER [emergency room]." Under "Request to see physician," there was a notes section which read, "Sent to ED [emergency department]." The second page of the report included "Injury information" and staff marked "Yes" to "Did injuries require outside medical care" and a note that read, "Staff called on call, on call said to send [him/her] out." In addition, the report included an image of a person with "Injury Type Information" and there was a cut

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N 165	Continued From page 2 (laceration) noted with a circle marked on the head of the image. Resident 1's progress notes dated 07/03/2024 at 11:45 AM documented: "... [Physician] to remove staples on 07/10 ..." RESIDENT 2: Surveyor reviewed Resident 2's record. Resident 2 admitted to the facility on 03/21/2024 with diagnoses including moderate protein malnutrition, hypercholesterolemia, dementia with mood disturbance, depression, anxiety, obstructive sleep apnea, heart disease, muscle weakness, chronic kidney disease, gout, lymphedema, Barrett's esophagus without dysplasia, dorsalgia, unspecified atrial fibrillation, difficulty walking and cellulitis. Resident 2 was identified as a fall risk and has an activated POA-HC. Resident 2's incident report, dated 07/23/2024 at 5:30 AM, stated "During med pass to [Resident 2's room number], writer heard banging from the room next door, upon walking in writer found resident face down by [his/her] chair, no brief and a large amount of blood on the floor." Resident 2 statement to staff regarding the incident was "[s/he] got up, turned around and fell." The incident report included "Response to Incident" and staff marked "Yes" to "Transferred to hospital or ER [emergency room]." Under "Request to see physician" there is a notes section which reads, "Transport to [hospital]." The report included "Injury information" and staff marked "Yes" to "Did injuries require outside medical care." The second page of the report included an image of a person with "Injury Type Information" and there was a cut (laceration), pain and skin tear noted.	N 165		

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N 165	Continued From page 3 There were several circles marked on the image for pain and a cut on the head, a skin tear on the right elbow, a cut on the left elbow and the right wrist/hand and pain on the back. On 08/12/2024 at approximately 10:14 AM, Surveyor interviewed Housing Manager A and Administrator B who confirmed they did not report Resident 1 or Resident 2's falls with injury to the Department. Administrator B stated s/he knew serious injuries requiring hospital admission had to be reported to the Department, but did not realize it was also for emergency room treatment. Surveyor reviewed DHS 83.12 with Administrator B who acknowledged both of the incidents should have been reported. On 08/13/2024 at 3:50 PM, Surveyor interviewed Resident 2's POA-HC C who reported Resident 2 sustained a hip fracture, a skin tear on his/her arm and a laceration to his/her head as a result of the fall on 07/23/2024. POA-HC C stated Resident 2 received about 3 staples in his/her head. On 08/14/2024 at 9:15 AM, Surveyor interviewed Resident 1's POA-HC D who confirmed Resident 1 received 2 staples in his/her head as a result of the fall on 07/02/2024. The provider did not report an incident to the department within three (3) working days after an incident that resulted in emergency room treatment for Resident 1 and Resident 2.	N 165		