STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016972	A. BUILDING: _____ B. WING _____	C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLIFDEN COURT NORTH	6801 W LOOMIS RD GREENDALE, WI 53129

(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 1/13/2026, Surveyors completed a complaint investigation at Clifden Court North. Four deficiencies were identified. The complaint was substantiated. Census: 41	N 000		
N 319	83.29(3)(b) Refund entrance fees if discharged six months During the first 6 months following the date of initial admission, the CBRF shall refund the entire entrance fee when the resident is discharged or when the resident meets the terms for notification to the CBRF of voluntary discharge as contained in the CBRF ' s admission agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not refund the community fee when 1 of 1 resident (Resident 1) discharged within 6 months from the date of admission as contained in the provider's admission agreement. A refund for Resident 1 was not issued until 68 days after date of discharge. Findings include: On 11/24/2025, the Department received a complaint regarding refunds. On 01/12/2026 at approximately 2:00 PM, Surveyor reviewed Resident 1's records. Resident 1 was admitted on 10/13/2025 and discharged on 11/07/2025. Resident 1's admission agreement indicated the following: " ...You shall pay a Community Fee of $2,000 ...If this agreement is terminated within 180 days of	N 319		

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

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N 319	Continued From page 1 the move-in date, You will receive a refund of the full amount of the Community Fee. You will receive such refund within thirty (30) business days ..." Resident 1's November 2025 billing statement did not show a refund for the Community Fee in the amount of $2,000. On 01/13/2026 at approximately 3:39 PM, Surveyor interviewed Administrator C. Administrator C could not confirm if Resident 1 was refunded the community fee. On 01/14/2026 at 10:55 AM, through e-mail, Surveyor asked Assistant Executive Director (AED) D if Resident 1 was refunded the community fee. Surveyor received a forwarded email from AED D that stated, " ...it does state that the community fee is refundable if the resident is inhouse less than 180 days. I will create the credit and process the refund."	N 319		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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N 386	Continued From page 2	N 386		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the individualized service plan (ISP) for 1 of 1 resident (Resident 1) identified the resident's needs, specified methods for delivering needed care, who was responsible for delivering the care and the frequencies and approaches related to their activities of daily living (ADL) self-care performance deficit. In addition, Resident 1's ISP did not address behaviors that may be harmful to themselves.

Findings include:

On 11/24/2025, the Department received a complaint alleging a resident did not receive showers and therapy services as required.

On 01/12/2026 at approximately 2:00 PM, Surveyor reviewed Resident 1's record. The following was identified:
Resident 1 was admitted on 10/13/2025.
Resident 1's ISP, with a revision date of 11/12/2025, stated, "The resident has an ADL (activities of daily living) self-care performance deficit r/t (related to) ...MOBLITY: The resident uses (SPECIFY assisted device) to maximize independence with ambulation ... PT (physical therapy)/OT (occupational therapy) evaluation and treatment as per MD (medical doctor) orders ..."

Resident 1's record consisted of three therapy evaluations with plan of treatment. The following was identified: PT Evaluation & Plan Of Treatment, with a physician signature date of 10/16/2025, indicated "Treatment Approaches May Include ...wheelchair management training

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N 386	Continued From page 3 ...Frequency: 3 time(s)/week, Duration: 90 days, Intensity: Daily ..." PT Evaluation & Plan Of Treatment, with a physician signature date of 11/04/2025, indicated "Treatment Approaches May Include ...wheelchair management training ...Frequency: 4 time(s)/week, Duration: 90 days, Intensity: Daily ..." OT Evaluation & Plan Of Treatment, with a physician signature date of 10/31/2025 indicated: "Treatment Approaches May Include ...self-care management training ...Frequency: 4 time(s)/week, Duration: 90 days, Intensity: Daily ..." Resident 1's ISP did not address Resident 1's need for assistance with showering or toileting, who was responsible for assisting Resident 1 with showering or toileting, or the frequency and approach for showering or toileting. Resident 1's ISP did not specify the need for a wheelchair to assist with mobility. Resident 1's ISP did not specify who was responsible to complete therapy services or the frequency and approach for therapy services. Lastly, Resident 1's ISP did not address Resident 1's refusal to get up to use the restroom or refusal to wear a room pendant. On 01/12/2026 at approximately 3:20 PM, Surveyor interviewed Caregiver A. Caregiver A affirmed Resident 1 received showers. Caregiver A disclosed 2 caregivers assisted Resident 1 with showers. Caregiver A reported Resident 1 was incontinent and refused to get up to use the restroom. Resident 1 often kept his/her room pendant on their dresser or on the floor as Resident 1 often refused to wear his/her room pendant. Caregiver A affirmed Resident 1 relied on a wheelchair to assist with mobility. Caregiver A reported therapy staff came to Resident 1's bedroom to complete therapy services. Caregiver A denied staff were responsible to take	N 386		

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N 386	Continued From page 4 Resident 1 to the therapy department. On 01/13/2026 at approximately 3:39 PM, Surveyor interviewed Administrator C. Administrator C was recently hired as the administrator for the facility. Administrator C reported working on bringing the facility into compliance. Prior to Administrator C, a certified nursing assistant was responsible for completing and updating each ISP. Administrator C reported ISPs are his/her first priority to address.	N 386		
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 interview, the provider did not ensure 1 of 1 resident (Resident 1) had an updated individual service plan (ISP) when there was a change in her/his needs. Resident 1's ISP did not address new interventions that were put into place after Resident 1 experienced an unwitnessed fall.	N 389		

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N 389	Continued From page 5 Findings include: On 11/24/2025, the Department received a complaint alleging a resident experienced multiple falls. On 01/12/2026 at approximately 2:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/13/2025. Resident 1's record consisted of an "IDT (interdisciplinary team) Post Fall Review/Summary." The IDT Post Fall Review/Summary stated, " ...Date and time of fall being reviewed: 10/27/2025 ...9:43 ...Root Cause of Fall: slid out of wheelchair, cushion slippery ...Interventions put in place after fall: Therapy to place Dicem [sic] on wheelchair cushion ..." Resident 1's ISP, with a revision date of 11/12/2025, did not address Resident 1's need for Dycem to be placed on his/her wheelchair cushion to prevent Resident 1 from sliding out of his/her wheelchair. On 01/13/2026 at approximately 3:39 PM, Surveyor interviewed Administrator C. Administrator C was recently hired as the administrator for the facility. Administrator C reported working on bringing the facility into compliance. Prior to Administrator C, a certified nursing assistant was responsible for completing and updating each ISP. Administrator C reported ISPs are his/her first priority to address.	N 389		
N 485	83.43(2)(d) Clean sheets, pillowcases, and towels Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: Clean sheets, pillowcases, towels and washcloths	N 485		

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N 485	Continued From page 6 adequate to meet the needs of the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was provided with clean towels. Findings include: On 11-24-2025, the Department received a complaint alleging Resident 1 did not receive towels or washcloths. On 01/12/2026 at approximately 2:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/13/2025. Resident 1's admission agreement stated, " ...Personal Supplies. The Community assumes that residents wish to provide their own supplies for personal care and hygiene ..." On 01/12/2026 at approximately 3:20 PM, Surveyor interviewed Caregiver A. Caregiver A denied the facility provided towels for the residents. On 01/12/2026 at approximately 4:30 PM, Surveyor interviewed Assistant Administrator (AA) B. AA B affirmed the facility does not provide towels to the residents. Residents were expected to provide their own towels and washcloths. On 01/13/2026 at approximately 3:39 PM, Surveyor interviewed Administrator C. Administrator C was recently hired as the administrator for the facility. Administrator C reported working on bringing the facility into compliance and could not speak to why towels were not provided for each resident. Administrator C disclosed ordering 100 towels on	N 485		

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N 485	Continued From page 7 01/13/2026. Each resident will be provided with 2 sets of hand towels, washcloths and bath towels.	N 485		