STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017877	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK	2240 CRANSTON RD BELOIT, WI 53511

(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 09/23/2025, the bureau of assisted living southern regional office conducted 2 complaint investigations at Willowick a CBRF located in Beloit, WI. As a result of the survey, 1 violation of DHS Chapter 83 was identified. One complaint was substantiated. One complaint was unsubstantiated. Census: 17	N 000		
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 Resident 1's individualized service plan (ISP) was reviewed when there was a change in the resident's needs, abilities or physical or mental condition.	N 389		

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

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N 389	Continued From page 1 On 08/28/2025, Resident 1 was diagnosed with a urinary tract infection (UTI) and was prescribed the broad-spectrum antibiotic Ciprofloxacin 500 mg tablets to be taken orally for 7-days. On 09/03/2025, Resident 1 was administered the last dose of Ciprofloxacin. On 09/04/2025, Resident 1 fell from his/her recliner and injured his/her right knee. Resident 1's family took him/her to a local clinic. Resident 1 reported new onset of lower back pain to the clinical provider. Resident 1's urine tested positive for infection. The clinical provider diagnosed Resident 1's with acute cystitis (bladder infection) and contusion of the right knee and ordered the right knee pain be treated with Tylenol, ibuprofen and daily ACE bandages wrapping. On 09/23/2025, Surveyor reviewed Resident 1's ISP had not been updated since 07/24/2025. FINDINGS INCLUDE: On 09/10/2025, the Department received a complaint related to a UTI progressing into a bladder infection. On 09/23/2025, Surveyor arrived at the facility for a complaint investigation. On 09/23/2025 at 10:10 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he had approximately one UTI a year. Resident 1 stated s/he had an extensive history of urinary issues. Resident 1 stated s/he doesn't get a fever when s/he starts to have a UTI. Resident 1 stated s/he felt mental fatigue, urinary frequency, pain with urination and abdominal pain. Resident 1	N 389		

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N 389	Continued From page 2	N 389		

stated Administrator A had planned with a local clinic to have urine samples collected in-house and then delivered to a local clinic for laboratory testing. Resident 1 reported s/he had been recently diagnosed with a UTI and given an antibiotic. Resident 1 reported after starting the antibiotic s/he fell to the floor and had braced himself/herself with their knees and elbows. Resident 1 reported the impact of the fall had been very painful and his/her family brought him/her to a local clinic for an XRAY. Resident 1 reported while at the clinic s/he reported back pain to the clinical provider. Resident 1 stated s/he normally did not have back pain. The clinical provider ordered a urinary analysis (UA), and the test was positive for a UTI. Resident 1 stated while at the clinic s/he was provided intravenous (IV) antibiotic therapy. Resident 1 stated his/her infection resolved after the course of IV antibiotic. Resident 1 stated s/he had also injured his/her right knee, and the clinical provider ordered his/her knee be wrapped in ACE bandage daily to help manage the pain/swelling. Resident 1 stated it was explained to him/her that facility staff were not permitted to apply ACE wraps to residents, and a plan to have his/her family member do the knee wrap was created. Resident 1 stated his/her family did apply the daily ACE bandage wraps daily as prescribed for a few weeks. Resident 1 stated his/her knee pain and swelling have significantly decreased since his/her original fall.

On 09/23/2025, Surveyor reviewed Resident 1's face sheet. Resident 1 was admitted to the facility on 08/05/2020. Resident 1 was his/her own person.

On 09/23/2025, Surveyor reviewed Resident 1's observation notes from 07/01/2025 to 09/23/2025. On 09/08/2025 at 2:15 PM, Facility

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N 389	Continued From page 3 Nurse C documented the following, "resident had a fall on 9.04.2025, resident was sitting in recliner and lost [his/her] balance. Range of motion was performed, active and passive with no discomfort. Resident in good spirits. Resident went to the clinic and returned with Bactrim order and ace wrap for comfort. Resident is [his/her] own person and informed that staff cannot wrap knee due to compression. If sleeve is required, Staff can apply sleeve. Resident understood direction from director. Resident resting comfortably." On 09/23/2025, Surveyor reviewed Resident 1's August and September 2025 medication administration records (MARs). On 08/28/2025, Resident 1 was prescribed the antibiotic Ciprofloxacin 500 mg tablet to be administered twice daily for the next 7 days. Resident 1 was administered his/her doses of Ciprofloxacin 500 mg tablets as prescribed from 08/28/2025 to 09/03/2025. On 09/23/2025, Surveyor reviewed Resident 1's clinical aftercare summary from [Name of Clinic] dated 09/04/2025. The following was documented, "Allergies: Bactrim (nausea) ...Visit Reason: urinary frequency, knee pain or swelling, Urinary problem ...Diagnosis: acute cystitis, contusion of right knee; H/O (history of) falls ...Follow-Up: Wear the ace wrap as needed for comfort to help reduce pain and swelling of the right knee. Please take off for breaks throughout the day and do not wear at bedtime. For pain take tylenol (sic.) and ibuprofen up to 3 times a day as needed for knee pain ...". On 09/24/2025, Surveyor reviewed Resident 1's ISP signed on 07/24/2025. Under the subsection titled, "HISTORY OF FALLS," the following was documented, "Resident has not had a fall in 6	N 389		

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N 389	Continued From page 4 months or more ...09.21.2021-resident had a fall on 08.10.2021, resident was sent to the hospital for a right hip fracture and went to rehab ...". Under the subsection titled, "SHORT TERM ILLNESSES," the following was documented, "12.24.23 resident has a UTI. [S/he] is prescribed nitrofuran (sic.) 100mg for five days ...". Surveyor did not find documentation of the following: 1.) Resident 1's allergy to the medication Bactrim. 2.) Resident 1's reported symptoms of UTI: afebrile (not feverish), mental fatigue, urinary frequency, urinary pain and abdominal pain. 3.) The system where if Resident 1 developed symptoms of a UTI a urine sample could be collected "in-house" and delivered to the local clinic for laboratory testing. 4.) On 08/28/2025, Resident 1 was diagnosed with a UTI and was prescribed the antibiotic Ciprofloxacin 500 mg ordered twice daily for 7-days. 5.) On 09/04/2025, Resident 1's urine was assessed via urinary analysis (UA). His/her urine tested positive for infection which indicated the Ciprofloxacin 500 mg 7-day course had not been effective in curing the UTI, and the infection had progressed to their bladder. 6.) On 09/04/2025, Resident 1 suffered a fall with injury. Resident 1 was taken to the clinic and diagnosed with a contusion to the right knee. Resident 1's clinical provider had ordered once daily ace wrapping to the right knee with Tylenol/ibuprofen for treatment of pain and swelling. 7.) The system created for Resident 1's family to apply to the ordered ace wrapping to the Resident 1's right knee. EXIT INTERVIEW: On 09/23/2025 at 2:30 PM, Surveyor discussed	N 389		

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N 389	Continued From page 5 the above concerns with Administrator A, Licensee B, and Practical Nurse C. Administrator A, Licensee B and Practical Nurse C acknowledged on 08/28/2025 Resident 1 had been diagnosed with a UTI and prescribed the antibiotic Ciprofloxacin. Administrator A, Licensee B and Practical Nurse C acknowledged on 09/04/2025 Resident 1 had suffered a fall with injury and was diagnosed with a contusion to the right knee along with a bladder infection. Administrator A, Licensee B, and Practical Nurse C acknowledged Resident 1's ISP hadn't been updated since 07/24/2025. Administrator A, Licensee B and Practical Nurse C acknowledged the system where Resident 1's urine samples could be collected "in-house," and driven to the clinical laboratory by facility staff wasn't documented in the ISP. Administrator A, Licensee B and Practical Nurse C acknowledged the plan for Resident 1's family to be responsible for the daily application of his/her ACE bandage wasn't documented in the ISP.	N 389		