STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110538	A. BUILDING: _____ B. WING _____	C 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK RIDGE	1148 BAYBERRY DR WATERTOWN, WI 53098

(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 09/24/2025, with information gathered through 09/25/2025, Surveyor conducted a complaint investigation at Park Ridge, a CBRF in Watertown, WI. One deficiency of Chapter DHS 83 was identified. The deficiency was a repeat violation. See statement of deficiency (SOD) 0M6O12, dated 01/28/2022. The complaint was substantiated. Census: 38	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the individual service plan (ISP) for 3 of 3 residents reviewed, was followed. Resident 1 did not receive toileting assistance as identified in his/her ISP, resulting in him/her sitting on the toilet for approximately 2 hours and 51 minutes. Resident 1, Resident 2, and Resident 3 did not receive showers as identified in their ISPs. This is a repeat deficiency. See statement of deficiency (SOD) 0M6O12, dated 01/28/2022. Findings include: On 08/20/2025, the Department received a	N 388		

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

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complaint which detailed an incident in which Resident 1 was left unattended on the toilet for over 2 hours, and alleged residents did not receive showers as scheduled or routinely.

Example 1- Resident 1

On 09/24/2025, Surveyor reviewed Resident 1's record, which documented the following: Resident 1 admitted to the provider's facility on 11/17/2023, with diagnosis including Parkinson's, osteoarthritis, spinal stenosis, and low back pain.

Resident 1's individual service plan documented:

"Toileting- Will be able to toilet safely with assistance. Needs regular or frequent assistance to/from bathroom. Requires assistance with peri-care.
Bladder- Will be able to maintain/improve bladder function (with assistance of one staff member). Assistance needed to use toilet and maintain bladder continence. Bladder incontinence care needs to provided (sic). Dribbles urine during the day. Is incontinent of bladder.
Assistive Devices- Uses sit to stand. Will be able to move about the community with assistance. Assistive device: Requires assistance with propelling w/c for long distances. Sit stand with transfers ..."

On 09/24/2025, Surveyor reviewed an internal investigation conducted by the provider, outlining an incident that occurred on 07/31/2025. The incident summarized that Resident 1 was assisted onto the toilet around 6:03 PM and not assisted off the toilet until approximately 8:54 PM. The details from the incident/investigation report are as follows:

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N 388	Continued From page 2 Resident 1 pressed his/her pendant at approximately 5:50 PM. Staff responded around 6:03 PM and assisted Resident 1 to the toilet. At approximately 6:15 PM, Resident 1 pressed his/her pendant to alert staff s/he was finished in the bathroom. (Pendant call lights alerted to an application on cell phones each caregiver used during their shifts.) A member of the care staff "accepted" the alert on one of the work cell phones, but failed to return to the bathroom to assist Resident 1. Other staff did not respond to the pendant alert because they saw it was "accepted" by another employee. Resident 1 attempted to use the pull string call light on the bathroom wall, but staff did not respond. At approximately 8:54 PM the medication passer was passing another resident's medication when s/he heard Resident 1 calling out from his/her bathroom and assisted him/her off from the toilet. The provider conducted interviews with staff and other residents to identify how the incident occurred or if there was a pattern or trend to poor call light response. The provider inspected Resident 1's bathroom call light and identified it was non-functional. Upon the discovery, they swapped out the non-functional call light with a working one. The investigation states Resident 1 was assessed with no injuries identified. On 09/24/2025 at approximately 9:55 AM, Surveyor interviewed Assisted Living (AL) Nurse Supervisor A. AL Nurse Supervisor A explained what happened on 07/31/2025. His/her summary matched the details of the investigation. This explanation included details of a musical performance that was supposed to occur on 07/31/2025, and last-minute changes to where and how residents were going to attend the event. AL Nurse Supervisor A stated this led to some	N 388		

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N 388	Continued From page 3 Example 2- Resident 1 On 09/24/2025, Surveyor reviewed resident records and identified the following: Resident 1 admitted to the facility on 11/17/2023 with diagnosis including Parkinson's, Osteoarthritis, Spinal Stenosis, and Low Back Pain. Resident 1's ISP documented the following: "Bathing- Will be able to meet bathing needs with assistance of one staff member. Toenail and fingernail care after each bath/shower. Uses a shower chair. Assistive Devices- Uses sit to stand. Will be able to move about the community with assistance. Assistive device: Requires assistance with propelling w/c for long distances. Sit stand with transfers. Uses half side rails to assist with repositioning self while in bed." On 09/24/2025, Surveyor reviewed the provider's shower schedule documentation. The shower schedule had Resident 1 listed on 1 day each week. Surveyor reviewed the shower documentation from 04/27/2025 - 09/20/2025. Over those 21 weeks, Resident 1 only received 15 showers, based on the shower documentation. On 09/24/2025 at approximately 10:30 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he would not refuse a shower or bath. Resident 1 stated s/he preferred to take a bath. Resident 1 recalled 1 instance s/he "refused" a shower, because the shower chair staff provided did not have arm rests or sides on it which made Resident 1 feel unsafe. Example 3- Resident 2 On 09/24/2025, Surveyor reviewed resident	N 388		

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records and identified the following:
Resident 2 admitted to the facility on 11/19/2021 with diagnosis including dementia, major depressive disorder, and Alzheimer's.

Resident 2's ISP documented the following:

"Bathing- Will be able to meet bathing needs with assistance of one staff member. Check skin with bath/shower and report any reddened/open areas to Nurse. Report any changes in ability to bathe to Nurse. Toenail and fingernail care after each bath/shower. Uses a shower chair.
Dressing/Undressing- ... Will not dress/undress self if not assisted ...
Cognition- Will be supported by staff to make appropriate decisions about their care and environment. Has mild to moderate disorientation or difficulty recalling/ retaining information. Needs cueing. Requires reminders for activities. Requires reminders for meals."

On 09/24/2025, Surveyor reviewed the provider's shower schedule documentation. The shower schedule had Resident 2 listed on 1 day each week. Surveyor reviewed the shower documentation from 04/27/2025 - 09/20/2025. Over those 21 weeks, Resident 2 only received 12 showers, based on the shower documentation. On 09/24/2025 at approximately 12:15 PM, Surveyor interview Assisted Living (AL) Nurse Supervisor A. AL Nurse Supervisor A stated Resident 2 does often refuse showers, and is very soft spoken. AL Nurse Supervisor A stated the provider could document more thoroughly related to caregivers' efforts in assisting Resident 2 with taking a shower.

Example 4- Resident 3

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N 388	Continued From page 5 On 09/24/2025, Surveyor reviewed resident records and identified the following: Resident 3 admitted to the facility on 03/01/2024 with diagnosis including depression, anxiety disorder, and chronic fatigue. Resident 3's ISP documented the following: "Bathing- Will be able to meet bathing needs with assistance of one staff member on scheduled days. Assist with applying lotion. Assistance required ... Cognition- Will be supported to make appropriate decisions about their care and environment. Has disorientation or difficulty recalling/ retaining information. Needs cueing ..." On 09/24/2025, Surveyor reviewed the provider's shower schedule documentation. The shower schedule had Resident 3 listed on 1 day each week. Surveyor reviewed the shower documentation from 04/27/2025 - 09/20/2025. Over those 21 weeks, Resident 3 only received 2-4 showers, based on the shower documentation. Documentation was unclear for 2 of 4 showers as it was signed as refused, and then signed with a staff name, indicating it could have been completed later. On 09/24/2025 at approximately 12:15 PM, Surveyor interviewed AL Nurse Supervisor A. AL Nurse Supervisor A stated Resident 3 is a frequent refuser, and the family and care team were aware. AL Nurse Supervisor A stated Resident 3 is pleasantly confused and very approachable. AL Nurse Supervisor A agreed Resident 3 should have received more than 2-4 showers in a 21-week period and stated the provider could elaborate in the documentation on approaches or efforts to support Resident 3 in the	N 388		

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N 388	Continued From page 6 task of bathing.	N 388		