STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017897	A. BUILDING: _____ B. WING _____	R-C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT PARK PLACE	1450 N PLEASANT ST RIPON, WI 54971

(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 02/26/2025, with additional information gathered through 02/28/2025, Surveyor conducted a verification visit and investigated 1 complaint at Pleasant Park Place. Three of 3 previous deficiencies were corrected. The complaint was substantiated, and 3 new deficiencies were identified. One of 3 deficiencies are repeat violations. See Statement of Deficiency (SOD) 1MV111, 07/19/2022 and SOD 1MV112, dated 02/13/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 28	{N 000}		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on record review, interview and observation, the provider did not ensure residents were able to make decisions relating to care, activities, daily routines and other aspects of life which enhance self-reliance and support autonomy, and decision making were supported for 1 of 5 residents reviewed (Resident 4).	N 355		

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

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N 355	Continued From page 1 Findings Include: On 10/07/2024, the department received a complaint alleging resident rights concerns. RESIDENT 4 On 02/26/2025, at 3:07PM, Surveyor interviewed Resident 4. Resident 4 reported s/he does not have access to his/her dresser that holds his/her clothing. Surveyor observed the dresser was not in the room. Resident 4 stated s/he does not know where the dresser was and felt the provider probably sold it or got rid of it. Surveyor noted there was a few clothing items in the bottom of Resident 4's closet. On 02/26/2025, at 1:032PM, Surveyor interviewed Caregiver G. Caregiver G confirmed Resident 4's dresser is not kept in his/her room. Caregiver G explained Resident 4 takes out all of his/her clothes and puts them on when s/he has become incontinent causing excess laundry and odor in Resident 4's room. On 02/26/2025, at approximately 4:00PM, Surveyor interviewed Executive Director D (ED-D) and Resident Care Coordinator E (RCC-E). They advised Resident 4 often takes all the clothing out of the dresser drawers and mixes them with soiled clothing. Resident 4 becomes upset when all the clothing needs to be laundered due to becoming soiled. ED-D and RCC-E advised they still provide Resident 4 with clothing but in smaller quantities to reduce behavioral outburst and excessive laundry. RCC-E advised the dresser was in a mechanical room. RCC-E unlocked the mechanical room and Surveyor observed Resident 4's dresser. RCC-E verified only caregivers and management have keys to the	N 355		

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N 355	Continued From page 2 mechanical room. On 02/26/2025 at approximately 12:50PM, Surveyor reviewed Resident 4's ISP dated 06/21/2024. The ISP noted Resident 4 does not have an activated power of attorney and directs his/her own care. There was no information in the ISP to show Resident 4 agreed to relocating the dresser. The ISP was not updated to address Resident 4's behavioral concerns regarding clothing or the dresser being moved to the mechanical room. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes	N 355		
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, interview and observation, the provider did not ensure individual service plans (ISP) were updated annually or	N 389		

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N 389	Continued From page 3 upon change and all parties signed in agreement for 2 of 5 residents (Resident 3 and Resident 5). Findings Include: On 10/07/2024, the department received a complaint regarding service plans. RESIDENT 3 On 02/26/2025, at approximately 12:45PM, Surveyor reviewed Resident 3's record. The record reflected Resident 3 was admitted on 11/22/2013. Surveyor reviewed Resident 3's ISP and noted the most current signature from the power of attorney was dated 08/02/2023. On 02/26/2025, at approximately 4:30PM, Surveyor interviewed Executive Director D (ED-D) and Resident Care Coordinator E (RCC-E). Surveyor was advised ED-D and RCC-E would attempt to locate a more current ISP on their company share drive. No further documentation was provided to show the Resident 3's ISP was updated annually. RESIDENT 5 On 02/26/2025, at 12:46M, Surveyor interviewed Caregiver F. Caregiver F reported Resident 5 refuses to sleep in his/her room and prefers to sleep in the living room on the recliner. On 02/26/2025 at approximately 2:00PM, Surveyor reviewed Resident 5's observation notes from 12/01/2024 through 02/26/2025. Surveyor noted 20 documented occasions of Resident 5 sleeping in the living room in a recliner.	N 389		

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N 389	Continued From page 4 On 02/26/2025, at approximately 2:45PM, Surveyor reviewed Resident 5's ISP, dated 08/25/2023. Under the section titled, "Sleeping Conditions," it stated, "Resident sleeps in a Hospital bed at night." The ISP dated, 08/25/2023, was not signed by the participants. Additionally, there was no documentation the ISP was updated annually. On 02/26/2025, at approximately 4:30PM, ED-D and RCC-E confirmed Resident 5 prefers to sleep in the living room. ED-D and RCC-E advised they will ensure the ISP is updated to accurately reflect Resident 5's preference. Additionally, ED-D and RCC-E could not locate Resident 5's updated ISP with signatures of participants.	N 389		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the were free of odor for 2 out of 5 resident rooms (Resident 4 and Resident 5). This is a repeat deficiency. See Statement of Deficiency (SOD) 1MV111, 07/19/2022 and SOD 1MV112, dated 02/13/2023. Findings Include: On 02/26/2025, at 3:07PM, Surveyor observed Resident 4's room and noted a strong urine like odor. Surveyor entered Resident 4's bathroom and noted urine soiled clothing in the shower.	N 489		

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N 489	Continued From page 5 On 02/26/2025, at 3:19PM, Surveyor observed Resident 5's room and noted a strong urine like odor. Surveyor noted the odor became stronger upon entry into Resident 5's bathroom. Surveyor observed multiple wet briefs in Resident 5's bathroom trash can. On 02/26/2025, Surveyor interviewed Executive Director D (ED-D) and Resident Care Coordinator E (RCC-E). They advised caregivers should be emptying resident trash and gathering soiled laundry as needed throughout the day. ED-D stated they would ensure caregivers are completing this task.	N 489		