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 11/13/2025

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 11/13/2025, Surveyors investigated 1 complaint and conducted 2 verification visits. The complaint was unsubstantiated. As a result of the verification visit for statement of deficiency (SOD) K76R14, 2 of 2 previous deficiencies were corrected. As a result of the verification visit for SOD 9KU511, 1 of 1 previous deficiency was corrected. One new deficiency was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census 34	{N 000}		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after law enforcement personnel were called to the facility as a result of an incident that jeopardized the	N 164		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 164	Continued From page 1	N 164		

health, safety, or welfare of the residents or employees.

Findings include:

The provider is licensed to serve up to 48 residents with diagnoses of developmentally disabled, physically disabled, advanced age, terminally ill and irreversible dementia/Alzheimer's.

On 11/13/2025, Surveyor reviewed a Resident Complaint Form dated, 10/20/2025 at 11:00 AM. Resident 1 indicated he/she was yelled at by Staff C. Resident 1 indicated he/she felt disrespected. Complaint Form was signed by Resident 1.

On 11/13/2025 at 10:35 AM, Surveyor interviewed Medication Technician (MT) D. MT-D indicated Resident 1 was sitting by MT-D giving advice on how to fix the facility laptop. Staff C yelled at Resident 1 for touching his/her laptop. MT-D indicated that Resident 1 and Staff C continued to argue for two hours on and off. MT-D indicated MT-D wrote a report for Resident 1. MT-D indicated the police were contacted and came to the facility 10/21/2025.

On 11/13/2025 at 1:00 PM, Surveyor reviewed paperwork provided and collected by Director A regarding the incident involving Resident 1 and Staff C on 10/20/25. Director A indicated s/he did not believe the incident was handled appropriately.

On 11/13/2025 at approximately 1:46 PM, Surveyor interviewed Caregiver Coordinator B who verified Caregiver Coordinator B contacted law enforcement 10/20/2025 per Resident 1's request. Caregiver Coordinator B indicated law

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N 164	Continued From page 2 enforcement had been at the facility and no reports were submitted to the department for the incident that occurred on 10/20/2025. On 11/13/2025 at approximately 2:05 PM, Surveyor interviewed Resident 1 regarding the incident. Resident 1 indicated on 10/20/25 Resident 1 asked staff to contact law enforcement due to Resident 1 feeling attacked and disrespected by Staff C. Resident 1 indicated law enforcement arrived at the facility on 10/21/2025 and conducted an interview with Resident 1. On 11/13/2025 at approximately 2:50 PM, Surveyor interviewed Director A who verified awareness of the need to report law enforcement involvement to the department.	N 164		