STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017751	A. BUILDING: _____ B. WING _____	C 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV NORTH OCONTO 2	427 PECOR ST OCONTO, WI 54153

(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 11/11/2025 with additional information gathered through 11/13/2025, Surveyor conducted a standard survey and complaint investigation at SV North Oconto 2. As a result of the survey, 2 deficiencies were identified. One (1) of 1 complaints was unsubstantiated. Census: 15	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not submit a self-report to the Department within 3 working days after Resident 3 had a fall with injury resulting in emergency room (ER) treatment. Findings include: On 11/11/2025, Surveyor conducted a standard survey and complaint investigation at the facility. On 11/11/2025 at 10:05 AM during a tour of the facility accompanied by Team Lead (TL) C, Surveyor observed Resident 3 sitting in his/her room in a recliner chair with a 4-wheeled walker in front of him/her. Surveyor and TL-C entered Resident 3's room and while speaking with	N 165		

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

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N 165	Continued From page 1 him/her, Surveyor observed what appeared to be a healing laceration in the middle of his/her forehead. Surveyor asked Resident 3 what happened and s/he stated s/he fell and had to get stitches. TL-C confirmed Resident 3 had a recent fall in the dining room and had to go to the ER where s/he received stitches. TL-C stated s/he couldn't recall when the fall occurred or how many stitches Resident 3 received. TL-C reported Resident 3's stitches have been removed and the laceration was healing. On 11/13/2025, Surveyor reviewed Department records and did not find any evidence a self-report from October or November 2025 was submitted. The last self-reported incident submitted by the provider was in August 2025. On 11/13/2025 at 11:33 AM, Surveyor sent an email to Nurse A, Administrator (ADM) B and Executive Director (ED) D requesting the incident report for Resident 3's recent fall with injury. At 12:47 PM, Surveyor received a follow up email from Nurse A with an attachment to include Resident 3's incident report. Review of the incident report dated 10/13/2025 noted Resident 3 fell and hit his/her head on the tile floor in the dining room. The report indicates Resident 3 had a "large gash on [his/her] center forehead that was profusely bleeding. Writer attempted to stop bleeding as we waited for the ambulance." The report states Resident 3 verbalized to staff, "I was walking back from anther [sic] table and bumped my walker on my table and lost my balance and fell." Resident 3 was transported to the ER via ambulance where s/he received sutures in his/her forehead and then returned to the facility.	N 165		

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N 165	Continued From page 2 On 11/13/2025 at 12:56 PM, Surveyor sent a follow up email to Nurse A, ADM B and ED D asking if a self-report was submitted to the Department following Resident 3's fall requiring ER treatment. At 1:00 PM, Nurse A responded via email stating, "It was not. I thought it was a requirement if they get admitted. She was out for a total of 90 minutes per staff and then had follow up with her PCP (primary care physician) as ordered." On 11/13/2025 at 2:00 PM, Surveyor interviewed ADM B who verified a self-report regarding Resident 3's fall with injury on 10/13/2025 was not submitted to the Department. ADM B acknowledged a self-report should have been submitted and Nurse A has since been re-educated on the reporting requirements.	N 165		
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:	N 389		

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N 389	Continued From page 3	N 389		

Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) individual service plans (ISPs) were signed by their legal representatives acknowledging their involvement in, understanding of and agreement with the plan.

Findings include:

On 11/11/2025, Surveyor conducted a standard survey and complaint investigation at the facility. A sample of residents was selected including the records of Resident 1 and Resident 2.

RESIDENT 1

On 11/11/2025 at 1:25 PM, Surveyor reviewed Resident 1's record and the following was identified:
Resident 1 admitted to the facility on 03/22/2022 with diagnoses to include but not limited to, paranoid schizophrenia, anxiety, chronic obstructive pulmonary disease and insomnia. Resident 1 had a legal guardian and managed care organization (MCO).

Resident 1's ISP provided was unsigned and the current ISP in place as of 11/11/2025.

RESIDENT 2

On 11/11/2025 at 2:20 PM, Surveyor reviewed Resident 2's record and the following was identified:

Resident 2 admitted to the facility on 08/26/2024 with diagnoses to include but not limited to, paranoid schizophrenia, depression, chronic obstructive pulmonary disease, cerebral infarction, unspecified intellectual disabilities and

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N 389	Continued From page 4 type 2 diabetes. Resident 2 had a legal guardian and managed care organization (MCO). Resident 2's ISP provided was unsigned and the current ISP in place as of 11/11/2025. On 11/11/2025 at 2:40 PM, Surveyor interviewed Nurse A who acknowledged s/he did not have signatures from Resident 1 or Resident 2's legal guardians on their ISPs. Nurse A reported s/he reviews and updates their ISPs and communicates frequently with their guardians. Nurse A stated s/he will ensure there are signatures going forward. On 11/13/2025 at 2:00 PM, Surveyor interviewed Administrator (ADM) B who acknowledged Resident 1 and Resident 2 ISPs did not have signatures from their legal guardians. S/he stated Nurse A returned to the provider in September 2024 and there was a different house manager overseeing the facility prior. ADM B reported, "It's my fault. It should have been my job overseeing the house manager."	N 389		