STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017600	A. BUILDING: _____ B. WING _____	R-C 11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW PARK HOUSE	**1217 S 118TH ST MILWAUKEE, WI 53214**

(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, Surveyor completed a verification visit, and 1 complaint investigation at Rainbow Park House. As a result, 1 of 1 previous deficiencies were corrected. Two new deficiencies were identified. One complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{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 ensure the Department was notified within 3 working days of an incident resulting in serious injury requiring emergency room treatment of a resident for 1 of 1 resident reviewed (Resident 1). Resident 1 choked on a peanut butter sandwich 07/08/2025, resulting in emergency medical services transporting Resident 1 to the emergency room for treatment on 07/08/2025. Findings include: -On 09/09/2025, the Department received a complaint expressing concerns regarding	N 165		

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

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N 165	Continued From page 1 residents' daily needs not being met. -On 11/11/2025, Surveyors reviewed Department records and identified there were no self-reports received from the provider regarding Resident 1 being treated at the hospital due to a choking incident. On 11/11/2025, at approximately 11:20 AM, Surveyors reviewed Resident 1's Individual Service Plan (ISP), dated 08/20/2025, and identified the following: Resident 1 was admitted to the facility on 08/03/2015 as non-ambulatory requiring 1 person to assist with transfers. Resident 1's eating level of care identified Resident 1 as at potential risk to choke and for staff to "cut meats and dense foods in small pieces between 1/2 and ¾ inches square prior to serving. Resident to have water with each meal and eat only in dining room in the presence of staff." On 11/11/2025, at approximately 11:40 AM, Surveyors interviewed Registered Nurse B (RN B). RN B reported s/he was notified on of Resident 1's choking incident by caregivers on 07/08/2025. RN B reported s/he instructed staff to call 911 as caregivers were not able to clear Resident 1's throat with the Heimlich maneuver. RN B reported Resident 1 had a piece of peanut butter sandwich lodged in his/her throat. RN B reported emergency medical services used a device to dislodge the food from Resident 1's throat. RN B reported Resident 1 was transported to the hospital to be monitored due to a concern for pneumonia. Resident remained in the hospital for observation and the facility staff was instructed to continue with a mechanical soft diet until a swallow study was completed. RN B	N 165		

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N 165	Continued From page 2 reported the swallow study was completed on or around 07/28/2025. RN B reported s/he did not submit a report to the department, however s/he did report the incident to the licensee. On 11/11/2025, at approximately 12:30 PM, Surveyors interviewed Licensee A. Licensee A reported s/he was not aware of the code requirement to notify the Department of incidents resulting in serious injury requiring emergency room treatment. Surveyor informed Licensee A or the requirement and referred Licensee A to the Departments code for reporting serious incidents with serious injury. Licensee A reported s/he would report incidents going forward.	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: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident's (Resident 1's) individual service plan	N 389		

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N 389	Continued From page 3	N 389		

(ISP) was updated when there was a change in service needs. Resident 1 had level of care changes, and the ISP was not updated to reflect changes surrounding Resident 1's diet changes and mobility and transfer changes.

Findings include:

On 11/11/2025, at approximately 11:15 AM, Surveyors observed Resident 1 was provided a meal and the consistency of the food was mechanical soft.

On 11/11/2025, at approximately 11:20 AM, Surveyors reviewed Resident 1's Individual Service Plan (ISP) dated 08/20/2025 and identified the following:

Resident 1 was admitted to the facility on 08/03/2015 as non-ambulatory requiring a 1 person assist. Resident 1's eating level of care identified Resident 1 as a potential choke risk and for staff to "cut meats and dense foods in small pieces between 1/2 and ¾ inches square prior to serving. Resident to have water with each meal and eat only in dining room in the presence of staff." Resident 1's "snack monitoring" indicated Resident 1 had no issues with snacks and ate what was provided. Resident 1's mobility and walking assistance identified Resident 1 as a 1 person assist with mobility and transfers. Resident 1's fall risk indicated Resident 1 was walking and used a cane to take pressure off of his/her right leg.

On 11/11/2025, at approximately 11:40 AM, Surveyors interviewed Registered Nurse B (RN B).
Surveyors asked RN B about Resident 1's diet and transfer ability. RN B indicated Resident 1

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N 389	Continued From page 4	N 389		

was on a pureed diet and had been on a pureed diet since 10/23/2025. Surveyors asked to view the doctor's order for the pureed diet. RN B reported s/he did not have an order and reported Resident 1's physician was aware of the diet change to pureed with thickened liquids. Surveyors asked RN B where Resident 1 ate his/her meals. RN B indicated Resident 1 required 2 caregivers to transfer and ate in his/her room most days due to needing two people to transfer Resident 1 into his/her wheelchair. RN B reported Resident 1 could not bear weight and would slide to the floor as s/he could no longer walk. RN B reported Resident 1 was placed on hospice services as of 09/18/2025. RN B reported s/he was not aware of the code requirement to update the ISP with changes in care needs and planned to update Resident 1's ISP immediately.

On 11/11/2025, at approximately 11:55 AM, Surveyors interviewed Hospice Nurse C (HN C). HN C reported Resident 1 was on a pureed diet with thickened liquids as of 10/23/2025. HN C reported Resident 1 did not get up for meals and reported Resident 1 required 2 caregivers for transfers. HN C reported s/he did not have any concerns surrounding Resident 1's cares.

On 11/11/2025, at approximately 12:50 PM, Surveyors interviewed Caregiver D. Caregiver D reported Resident 1 required 2 caregivers to transfer. Caregiver D reported Resident 1 eats a pureed diet with thickened liquids. Caregiver D reported Resident 1 must be fed and normally and ate meals in the bed if there was not enough staff around to assist with the transfer into the wheelchair.

Resident 1's ISP did not identify changes

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N 389	Continued From page 5 surrounding his/her diet. It is unclear if the diet should be pureed or mechanical soft. During the survey, Surveyors witnessed the staff to feed Resident 1 a mechanical soft diet. The ISP did not address how many staff were required to conduct Resident 1's transfers, nor did it address Resident 1 being on hospice.	N 389		