STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 A verification visit and investigation into 4 complaints was conducted at Cranberry Court Assisted Living 1 on 02/13/2025 with information gathered through 03/03/2025. As a result of this survey 9 of 9 deficiencies from SOD LMER11 were corrected with three (3) new deficiencies identified. Four of 4 complaints were substantiated. Per state statutes a $200 re-visit fee was assessed. Census: 14	{N 000}		
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 interviews and records review, the provider did not ensure Resident 6's Individualized Service Plan (ISP) was updated with a description of the services the provider would offer to meet Resident 6's needs related to	N 389		

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
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

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N 389	Continued From page 1	N 389		

mobility and transferring needs.

Findings Include:

The provider is licensed to care for up to 22 residents who may be advanced aged, terminally ill, physically disabled, irreversible dementia/Alzheimer's and/or developmentally disabled.

On 09/05/2024 and 01/21/2025, the Department received complaints regarding care concerns.

On 02/25/2025 at 11:45 AM, Surveyor interviewed Hospice RN L. S/he said Resident 6's "ambulation status" was "minimal assist" and s/he could walk and communicate but was confused. Hospice RN L recalled Resident 6 suffered a change of condition in late December 2024, where Resident 6 become weaker and required additional assistance with transfers. Hospice RN L said that Resident 6 needed two people to transfer him/her safety and required the use of a wheelchair and Hoyer Lift for approximately three weeks prior to passing away.

On 02/25/2025 at 2:15 PM, Surveyor interviewed Caregiver E. S/he stated Resident 6 was able to walk independently, but approximately 2 weeks prior to passing on 01/20/2025 required the use of a "two person Hoyer" lift to transfer staff assistance with incontinence care in bed. Caregiver E stated the Hoyer lift was utilized for "at least a 2-week time period."

On 02/26/2025 at 4:40 PM, Surveyor interviewed Caregiver G who stated the ISPs, "are not always updated, they have the main information." S/he confirmed Resident 6 needed a wheelchair for ambulation and that type of information should be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

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N 389	Continued From page 2 in the ISP. On 02/25/2025 at 10:30 AM, Surveyor interviewed Guardian M. S/he expressed frustration with concerns s/he brought to Executive Director A regarding Resident 6's needs. Guardian M said Resident 6, "had a stroke and was unable to get to the bathroom anymore ...s/he was very very weak could not get out of bed by herself." Guardian M said s/he had emailed Executive Director A requesting to "update [Resident 6's] ISP ...because [s/he's] going to need a higher level of care." Following request, on 02/25/2025 Guardian M provided Surveyor with aforementioned emails which read in part: -- 12/27/2025: Executive Director A sent Guardian M email which read in part, " ...Wanted to reach out and let you know that [Resident 6] is experiencing some kind of change of condition currently ...[s/he] is definitely more fatigued ... [sic-all]" -- 12/27/2025: Guardian M replied to email which read in part, " ...we need a wheelchair for [him/her] ...[sic-all]" -- 01/02/2025: Guardian M emailed Executive Director A which read in part, " ...Have updates to [Resident 6's] ISP been made to accommodate his/her much higher need for care? I am concerned that she is not being toileted/changed as needed and that she is not being put in the wheelchair ...[sic-all]" -- 01/02/2025: Executive Director A responded to Guardian M email which read in part, "Change of conditions are classified as care changes lasting longer that 14 days. A change of condition will be processed if the care changes persist. Upon review, [Resident 6's] ISP is accurate ...[sic-all]"	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 389	Continued From page 3 On 02/13/2025, Manager I provided Surveyor with Resident 6 face sheet and current ISP. Resident 6 was admitted to the facility on 03/29/2024 with diagnoses which include Diabetes, depression, anxiety disorder, chronic venous hypertension, and chronic kidney disease. Resident 6 passed away on 01/20/2025. Surveyor reviewed Resident 6's most current Individualized Service Plan (ISP) dated 12/17/2024 for needs and individualized interventions related to mobility and transferring. The ISP identified Resident 6 as "ambulatory" and "transfers self independently." The ISP prompted for a description of additional assisted devices used, and the section was blank. The ISP did not: -- Identify Resident 6's change of condition dating back to December 2024 which resulted in increased weakness -- Identify when Resident 6's ambulation status changed resulting in reliance on a wheelchair -- Contain specifics regarding Resident 6's increased need for staff assistance with transfers utilizing a Hoyer lift.	N 389		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

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N 432	Continued From page 4 provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the provider did not ensure medications were administered appropriate to resident needs. Resident 5 had a physician's order to receive oxygen delivered per nasal cannula at 2 LPM (liters per minute), PRN (as needed). The resident was experiencing shortness of breath and in need of oxygen on 02/13/2025. On 02/13/2025, Surveyor observed Resident 5's portable oxygen tank empty and set at the incorrect oxygen flow rate. Resident 5 appeared restless and complained of having trouble breathing. Resident 5's SpO2 sat (oxygen saturation) level was checked by staff and was at 86%. Additionally, the provider did not document the administration of Resident 5's oxygen PRN on the February 2025 EMAR (electronic medication administration record). Resident 1 was found without oxygen on or with the oxygen tank empty. Resident 2 had a physician's order to receive continuous oxygen delivered per nasal cannula at 3-5 LPM. On 02/13/2025, the resident was observed without his/her nasal cannula on. On 02/13/2025, Surveyor observed Caregiver J set the incorrect flow rate on Resident 2's oxygen concentrator. Findings include:	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 432	Continued From page 5 On 06/25/2024, 09/05/2024, 01/21/2025 and 01/28/2025, the Department received concerns regarding medication administration. RESIDENT 5 On 02/13/2025, Surveyor reviewed Resident 5's medical record. Resident 5 was admitted to the facility on 01/23/2024 with diagnoses to include dementia, muscle weakness and hypertension. Resident 5 was receiving hospice services and had a current physician's order dated 01/30/2025 for, "Oxygen 2 LPM, PRN. Additionally, the facility managed and administered all of Resident 5's medications. On 02/13/2025, Wellness Director K provided Resident 5's EMARs for January 2025 and February 2025. Surveyor noted the following: ~The January 2025 EMAR listed oxygen to be given PRN for shortness of breath starting on 01/30/2025, but no documentation was listed regarding how many liter(s) of oxygen were to be delivered or how it was to be delivered. ~The February 2025 EMAR listed oxygen to be given PRN for shortness of breath starting on 01/30/2025, but no documentation was listed regarding how many liter(s) of oxygen were to be delivered or how it was to be delivered. On 02/11/2025, the oxygen order was transcribed to indicate 2 liters of oxygen via nasal cannula, twelve days after the order was written. In addition, the February 2025 EMAR contained no documentation the oxygen was administered PRN to the resident. On 02/13/2025 at 11:45 AM, Surveyor observed Resident 5 sitting in a wheelchair in his/her bedroom. A portable oxygen tank was attached	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 432	Continued From page 6	N 432		

to the wheelchair. Oxygen tubing ran from the portable oxygen tank into Resident 5's nose, via a nasal cannula. Resident 5 stated to Surveyor "It's hard for me to breath...I'm not getting my breath." Surveyor noted Resident 5 had deep and labored breathing. Surveyor then observed the portable oxygen tank and noted it was empty and set to deliver 4 liters of oxygen. Surveyor immediately left the area to search for facility staff to intervene. Caregiver J and Surveyor went into Resident 5's bedroom and Caregiver J verified Resident 5 was hooked up to the portable oxygen tank and the oxygen tank was empty. Caregiver J then checked the portable oxygen tank and indicated it was set to deliver 4 liters of oxygen. Caregiver J stated, "When I switched [Resident 5] over to the portable oxygen tank this morning I heard the portable tank leaking, but thought I fixed it...I must not have." Caregiver J then switch Resident 5 over to the oxygen room concentrator and set the oxygen flow rate to 2 liters per minute. Caregiver J stated, "We've been administrating oxygen to [Resident 5] pretty much every day for the past week because [s/he's] been complaining of shortness of breath."

On 02/13/2025 at 11:55 AM, Surveyor informed Wellness Director K about the above observation. Wellness Director K verified Resident 5 had a current physician's order for oxygen 2 LPM, PRN and the resident's oxygen flow rate should be set at 2 liters and not 4 liters. Wellness Director K then stated, "When staff bring [Resident 5] back to [her/his] room they should be switching [her/him] over to the room concentrator because the portable oxygen tanks are small and don't hold a lot of oxygen." At 11:57 AM, Surveyor observed Wellness Director K check Resident 5's SpO2 with a pulse oximeter. Resident 5's SpO2 reading was 86%. After several minutes of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 432	Continued From page 7	N 432		

Resident 5 receiving oxygen at 2 liters thru a nasal cannula via the oxygen room concentrator, Resident 5's SpO2 reading went up to 92%.

On 02/13/2025 at 2:30 PM, Wellness Director K told Surveyor Resident 5 has been requesting the oxygen PRN daily due to shortness of breath. Wellness Director K confirmed staff had been administering the oxygen PRN to Resident 5 daily during the month of February 2025, but staff did not record the administration on the resident's EMAR.

RESIDENT 1

Record review by Surveyor on 02/13/25 showed Resident 1 was admitted to the facility on 08/29/22, had a diagnoses of COPD and was on Hospice since 04/28/23. On 09/05/23 through 08/01/2024 Resident 1 had an order for Oxygen at 2 LPM via nasal cannula at all times. Resident 1's ISP (Individualized Service Plan) dated 09/05/23 also indicated "Know that I am to be using my oxygen concentrator at all times when sitting in the common area or in my bedroom; otherwise I am to use my portable oxygen tank. These orders were in affect until 08/01/2024 when Resident 1 transferred from this facility.

During an interview with Surveyor on 02/17/2025 at 11:20 FMBR (Family Member for Resident 1)-B indicated in June and July 2024 family frequently found Resident 1 without oxygen on or with the oxygen tank empty. FMBR-B indicated staff told her/him "they didn't know how to change the oxygen tank." FMBR-B stated concerns regarding staff not knowing how to use the oxygen and not checking it for Resident 1 had been told multiple times to ED (Executive Director)-A but no changes or improvements

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 432	Continued From page 8	N 432		

were made. Resident 1's family discharged the resident to another facility on 08/01/2024 over concerns of poor care.

RESIDENT 2

On 02/13/2025 at approximately 11:10 AM, Surveyor observed Resident 2 in bed without his/her oxygen on and his/her O2 tubing lying partially on the floor and partially on the bed, with the concentrator running. Resident told Surveyor "sometimes I throw it on the floor." Resident 2 picked up the tubing and placed it in his/her nares.

On 02/13/2025 at 11:24 AM, Surveyor observed Caregiver J enter Resident 2's room and adjust the dial on Resident 2's oxygen concentrator from 4 liters per minute (LPM) down to 2 LPM. Caregiver J stated Resident 2, "should be at two not four liters." Caregiver J confirmed Resident 2's oxygen was set at 4 LPM prior to him/her adjusting the dial. S/he stated, "this morning I checked it at 7:05 and I believe it was between 2 and 3 at that time." Surveyor requested Resident 2's oxygen order.

At 11:27 AM, Surveyor and Caregiver J left Resident 2's room to check the "E-MAR (electronic medication administration record)".

At 11:30 AM, Caregiver J accessed Resident 2's oxygen orders on the laptop and stated, "[Resident 2] needs 3-5 liters". Caregiver J stated, "we do 1-2 hour checks ....on oxygen and [s/he] likes to take it off." Surveyor requested to see the checks. Caregiver J responded, "Nevermind, [s/he] does not have a check every 2 hours on POC (point click care) ...q-shift for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 432	Continued From page 9	N 432		

oxygen ...I guess it is not done every hour but I do it anyways." Caregiver J recalled an incident in January where Resident 2 was found in the morning, without his/her oxygen on, and was "weak and breathing really hard" Caregiver J said Resident 2 has a "hard time breathing" is "weak" and "tired" and would warrant 2 hour checks as s/he "need(s) her oxygen."

At 11:35 AM, Caregiver J and Surveyor returned to Resident 2's room where Surveyor observed Caregiver J adjusting Resident 2's oxygen concentrator to 4 LPM.

On 02/13/2025, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted to the facility on 04/27/2020 with diagnoses to include dementia, hypertension, and chronic obstructive pulmonary disease. The facility managed and administered all of Resident 2's medications.

On 02/13/2025, Wellness Director K provided Surveyor with Resident 2's current physician orders and current Individualized Service Plan (ISP). Surveyor noted the following order, "Oxygen Management: continuous oxygen at 3-5L/m via nasal cannula every shift for [sic] ensure resident is wearing [his/her] O2 if on O2 tank is full, if using concentrator it is working properly and tubing is connected and inserted in nares properly [sic-all]." Resident 2's ISP dated 10/21/2024 read in part, " ...The resident will receive Oxygen equipment from desired source and have continued, uninterrupted support of equipment ...Ensure resident is wearing oxygen canula properly ...continuous oxygen at 3-5L/m via nasal cannula ..."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 10	N 439		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on interview and record review, the provider did not establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. During a COVID-19 outbreak beginning on 01/01/2025, the provider did not ensure: ~The local public health department was notified immediately of the COVID-19 outbreak ~The staff line list was complete to include well dates to ensure staff were not returning to work prior to the recommended time frame ~The resident line list was complete to include onset or well dates to determine a residents isolation period or the duration of infection control precautions ~Staff that tested positive for COVID-19 were removed from the schedule until they were past their full infectious period ~Residents' legal representatives were immediately notified when residents had confirmed COVID-19 infection Nine (9) of 14 residents contracted the COVID-19 virus and 2 of the 14 residents were hospitalized.	N 439		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 11 Cranberry Court I has had a regular Class CNA (non-ambulatory) CBRF license since 08/01/2016 for the capacity of 20 residents who are terminally ill, physically disabled, advanced aged, developmentally disabled, emotionally disturbed/mental illness, and/or have irreversible dementia/Alzheimer's disease. The facility is located on the same grounds as Cranberry Court II (a sister facility with a paved walkway located between the two facilities) and staff are shared between the two buildings. Findings include: On 01/10/2025, 01/13/2025 and 01/13/2025, the Department received concerns regarding infection control. Per Wis. Admin. Code § DHS 145.03 (11) and 155.01(6), community-based residential facilities (CBRFs) are defined as health care facilities. The facility's policy and procedure titled, "Coronavirus (COVID-19) revised on 01/18/2024 indicated, "It is the policy of the community to implement safe practices, preventive measures, and act in accordance with any specific state and federal regulations pertaining to communicable disease. DEFINITIONS: ..."Staff" include, but not limited to, direct care staff as well as persons not directly involved in patient care (e.g., clerical, dietary, environmental services, laundry, security, engineering and facility management, administrative, billing, consultants, vendors, and volunteers)...Reporting: An outbreak of 3 or more COVID cases needs to be reported to Health Department as a Respiratory Outbreak...Any staff that develop signs and symptoms of a respiratory infection while on-the-job will be asked to: Immediately stop work, put on a facemask, test	N 439		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 12	N 439		

for COVID-19 with an antigen test. Inform the community's Wellness Director and include information on individuals, equipment and locations the person came in contact with. Work Restrictions: All staff must adhere to CDC guidelines and local county health guidance when clearing positive/suspected personnel for return to work...Will be removed from work if symptoms develop, or test is positive...A line list will be kept and completed for the community to use to keep track of the number of cases, weather staff or residents..."

OUTBREAK:

On 02/17/2025, BOM (Business Office Manager)-I provided Surveyor with documentation of the facility's COVID-19 outbreak, and Surveyor noted the following:

*On 12/31/2024, two residents tested positive for COVID-19 (Resident 3 and 4) and both residents were hospitalized
*On 01/01/2025, one staff tested positive (Former Caregiver C)
*On 01/02/2025, five additional staff tested positive (Caregivers D, E and G, Lead Caregiver/Activities Director F and Dietary Director H)
*On 01/03/2025, seven additional residents tested positive (Residents 2, 5, 6, 7, 8, 9 and 10)

RESIDENT 3:

On 02/26/2025, Surveyor reviewed Resident 3's medical record. The resident was admitted to the facility on 11/18/2024 with diagnosis to include Alzheimer's Disease.

Resident 3's progress notes were reviewed, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 13	N 439		

the following was noted:

*12/31/2024- "COVID 19 Monitoring. Test Date and Type: 12/31/2024 Results: Positive Follow Up: Admitted to the hospital from the ER."
*01/02/2025- "Resident returned to the community after brief hospital stay. Diagnosis COVID-19."

A hospital after visit summary for Resident 3 dated 01/02/2025 indicated the resident was hospitalized from 12/31/2024 through 01/02/2025. The reason for the hospitalization was for COVID-19.

RESIDENT 4

On 02/26/2025, Surveyor reviewed Resident 4's medical record. The resident was admitted to the facility on 12/26/2024 with diagnosis to include memory deficit.

The facility's COVID-19 outbreak line list noted Resident 4 tested positive for COVID-19 on 12/31/2024 and was hospitalized.

Review of Resident 4's progress note dated 01/03/2025 indicated, "[Resident 4] returned to the community after brief hospital stay. Diagnosis COVID-19."

PUBLIC HEALTH AND OUTBREAK LINE LIST:

The Departments website, Preventing and Controlling Respiratory Illness Outbreaks in Long-Term Care Facilities and Other Health Care Settings (Source: www.dhs.wisconsin.gov/respiratory/outbreak.htm) , last revised 12/30/2024, noted the following: "This webpage includes guidance for preventing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 14	N 439		

and controlling acute respiratory illness outbreaks in Wisconsin long-term care facilities (LTCFs) and other health care settings. For the purposes of this guidance, LTCFs include skilled nursing facilities (SNFs), CBRFs, and residential care apartment complexes (RCACs)...Outbreak definitions and key terms: A suspected respiratory disease outbreak in LTCFs and other health care settings is defined as three or more residents and/or staff from the same unit with illness onsets within 72 hours of each other and who have pneumonia, acute respiratory illness, or laboratory-confirmed viral or bacterial infection (including influenza and COVID-19)...Outbreak reporting requirements-In Wisconsin, confirmed or suspected outbreaks of any disease in health care facilities, including long-term care facilities, are a Category I Disease, meaning they shall be reported immediately by telephone to the patient's local health officer, or to the local health officer's designee, upon identification...Outbreak line lists: LTCFs are strongly encouraged to maintain and update a line list during an ARI (acute respiratory illness) outbreak to organize case information..."

On 02/17/2025, Surveyor reviewed an email sent from Executive Director A to the local public health department on 01/07/2025 indicating, "I wanted to inform you that Cranberry Court Assisted Living is currently experiencing a COVID outbreak. I have attached the staff and resident line list for you..." Surveyor noted three residents and/or staff tested positive for COVID-19 on 01/01/2025 and the local health department was notified of the outbreak until 01/07/2025, six days later.

On 02/26/2025 at 3:45 PM, Surveyor interviewed Executive Director A. Surveyor asked when the local public health department was notified of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 15	N 439		

confirmed COVID-19 positive cases. Executive Director A verified the local health department was notified via email on 01/07/2025 of the COVID-19 positive cases for residents and staff.

On 02/17/2025, Surveyor reviewed the facility's COVID-19 outbreak line list for staff and the following was noted:
~On 01/01/2025- Former Caregiver C tested positive and had symptoms
~On 01/02/2025- Caregiver D, E and Lead Caregiver/Activities Director-F tested positive for COVID-19 and had symptoms
~On 01/03/2025- Caregiver G tested positive for COVID-19 and had symptoms
~On 01/04/2025- Dietary Director-H tested positive for COVID-19 and had symptoms

***Surveyor noted the staff line list contained the date of the positive test result, onset of symptoms, and when staff last worked, but none of the staffs' well dates were listed. The staff line list was not complete to include well dates to ensure staff were not returning to work prior to the recommended time frame.

On 02/17/2025, Surveyor reviewed the facility's COVID-19 outbreak line list for residents and the following was noted:
~On 12/31/2024, Residents 3 and 4 tested positive for COVID 19, had symptoms and were hospitalized
~On 01/03/2025, Residents 2, 5, 6, 7, 8, 9 and 10 tested positive for COVID 19, and had symptoms

***Surveyor noted the resident line list contained the date of the test results, but no dates were listed when the residents symptoms first appeared or when the residents were well. The resident line list was not complete to include the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 16 onset and well dates to determine the residents' isolation period or the duration of infection control precautions. On 02/17/2025 at 1:50 PM, BOM-I verified to Surveyors the staff and resident line lists were up to date and complete, with no additional documentation to provide. RETURN TO WORK: The CDC Interim Guidance for Managing Healthcare Personnel (HCP) with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (Source: www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.htm), dated 03/18/2024 indicated, "Return to Work Criteria for HCP with SARS-CoV-2 Infection...HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met: At least 7 days have passed since symptoms first appeared if a negative viral test is obtained within 48 hours prior to work or 10 days if testing is not performed or if a positive test at day 5-7, and at least 24 hours have passed since last fever without the use of fever reducing medications, and symptoms have improved...HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met: At least 7 days have passed since the date of their first positive viral test if a negative viral test is obtained within 48 hours prior to returning to work or 10 days if testing is not performed or if a positive test at day 5-7. Either a NNAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later...Test-based strategy HCP who are	N 439		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 17 symptomatic could return to work after the following criteria are met: Resolution of fever without the use of fever-reducing medications, and Improvement in symptoms (e.g., cough, shortness of breath), and Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT. HCP who are not symptomatic could return to work after the following criteria are met: Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT." On 02/26/2025, Surveyor reviewed staff time sheets for January 2025 and compared it to the staff test results during the same timeframe and noted the following: ~Former Caregiver C tested positive on 01/01/2025 and worked with residents on 01/04/2025 and 01/05/2025. No additional tests were documented for Former Caregiver C. ~Caregiver D tested positive on 01/02/2025 and worked with residents on 01/02/2025, 01/08/2025, 01/09/2025, 01/10/2025 and 01/11/2025. No additional tests were documented for Caregiver D ~Caregiver E tested positive on 01/02/2025 and worked with residents on 01/04/2025, 01/06/2025, 01/07/2025, 01/10/2025 and 01/11/2025. No additional tests were documented for Caregiver E. ~Lead Caregiver/Activities Director-F tested positive on 01/02/2025 and worked with residents on 01/02/2025, 01/05/2025, 01/06/2025, 01/07/2025, 01/09/2025, 01/10/2025 and 01/11/2025. No additional tests were documented for Lead Caregiver/Activities	N 439		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 18	N 439		

Director-F.
~Caregiver G tested positive on 01/03/2025 and worked with residents on 01/03/2025, 01/04/2025 and 01/10/2025. No additional tests were documented for Caregiver G.
~Dietary Director H tested positive on 01/04/2025 and worked on 01/04/2025, 01/06/2025, 01/07/2025, 01/09/2025, 01/10/2025, 01/11/2025, 01/12/2025 and 01/13/2025. No additional tests were documented for Dietary Director H.

On 02/17/2025 at 2:00 PM, Surveyor interviewed Caregiver B regarding the COVID-19 outbreak in January 2025. Caregiver B verified the facility had an outbreak of COVID and a lot of staff were sick. Caregiver B stated, "When I came in for work on 01/04/2025, I tested myself for COVID twice. Both test results were positive. I had a fever, a sore throat and was very fatigued. I sent a text to [Executive Director A] with a picture of both my positive COVID test results...I was not removed from work...I continued to work with residents the entire shift because no staff was available..."

On 02/17/2025 at 12:40 PM, Surveyor interviewed Dietary Director H regarding the COVID-19 outbreak in January 2025. Dietary Director H confirmed s/he tested positive for COVID-19 and stated, "I tested positive at work. The direction was to seek our own coverage. I was off work a few days but couldn't facilitate being out for multiple days because there was not enough staff."

On 02/17/2025 at 3:30 PM, Surveyor interviewed Lead Caregiver/Activities Director-F regarding the COVID-19 outbreak in January 2025. Lead Caregiver/Activities Director-F stated, "The beginning of January 2025, I was really sick at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 19 work...I was okay when I came to work but as the shift went on, I started feeling ill. I had a fever; chills and I threw up in the garbage can in front of residents. I was working by myself because the other caregiver called in sick. I called [Executive Director A] and there was no answer. I called on-call and no-answer and then I tried to call everyone on the call list with no luck, so I had to work the shift sick." Lead Caregiver/Activities Director-F confirmed s/he tested positive for COVID-19 and stated, "When I tested positive for COVID a sent a picture to [Executive Director A] and was told I needed to find my own coverage." On 02/26/2025 at 3:45 PM, Executive Directive A verified no additional COVID testing was documented for the above staff. Surveyor asked Executive Director A about the facility's policy on return-to-work timeframes for staff that test positive for COVID-19. Executive Director A indicated, "I'm not sure, I didn't write the policy..." Surveyor then asked Executive Director A about allowing COVID positive staff to work before meeting the recommended isolation. Executive Director A confirmed the provider did not coordinate with their local health department regarding their intent to utilize COVID positive staff or submit a waiver request to DQA. NOTIFICATION On 02/17/2025, Surveyor reviewed the medical records for Residents 2, 5, 6, 8 and 10. The records indicated the following: ~Resident 2 was admitted to the facility 04/27/2020 and had a legal representative. The record indicated on 01/03/2025, Resident 2 tested positive for COVID-19 and the resident's PCP (Primary Care Provider) and care team was	N 439		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 20	N 439		

notified. No documentation was located indicating Resident 2's legal representative was notified immediately of the resident's COVID-19 infection.
~Resident 5 was admitted to the facility 01/23/2024 and had a legal representative. The record indicated on 01/03/2025, Resident 5 tested positive for COVID-19 and the resident's PCP and care team was notified. No documentation was located indicating Resident 5's legal representative was notified immediately of the- resident's COVID-19 infection.
~Resident 6 was admitted to the facility 03/29/2024 and had a legal representative. The record indicated on 01/03/2025, Resident 6 tested positive for COVID-19 and the resident's PCP and care team was notified. No documentation was located indicating Resident 6's legal representative was notified immediately of the resident's COVID-19 infection.
~Resident 8 was admitted to the facility 10/23/2023 and had a legal representative. The record indicated on 01/03/2025, Resident 8 tested positive for COVID-19 and the resident's PCP and care team was notified. No documentation was located indicating Resident 8's legal representative was notified immediately of the resident's COVID-19 infection.
~Resident 10 was admitted to the facility 04/27/2024 and had a legal representative. The record indicated on 01/03/2025, Resident 10 tested positive for COVID-19 and the resident's PCP and care team was notified. No documentation was located indicating Resident 10's legal representative was notified immediately of the resident's COVID-19 infection.

On 02/13/2025 at 10:30 AM, Surveyor interviewed Caregiver J. Caregiver J indicated s/he tested all the residents on 01/03/2025 for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015632	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

(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 439	Continued From page 21 COVID, and most of the residents tested positive. Caregiver J stated, "No one every directed me to call the legal representative(s) after a resident tested positive for COVID...On 01/06/2025, a resident's legal representative came to the facility and found out their loved one had COVID and was really upset because they were not notified..." On 02/26/2025 at 3:45 PM, Surveyor interviewed Executive Director A requesting evidence the above Residents' legal representative(s) were notified immediately of the residents' confirmed COVID infection. Executive Director A verified no documentation was located in the above Residents' records. Executive Director A stated, "[BOM-I] was in charge of notifying legal representatives but failed to do it. After I became of aware of this I counseled [her/him] right away."	N 439		