STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019251	A. BUILDING: _____ B. WING _____	R-C 01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARETTA SENIOR LIVING BELLEVUE CBRF	1780 SERVANT WAY BELLEVUE, WI 54311

(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 01/08/2026 with additional information gathered through 01/16/2026, Surveyors conducted a verification visit, standard survey and complaint investigation at Caretta Senior Living Bellevue CBRF. As a result, 5 new deficiencies were identified. Two (2) of 2 previous deficiencies were corrected. Two (2) of 2 complaints were substantiated. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 24	{N 000}		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee received orientation training in all required topics prior to	N 230		

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

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N 230	Continued From page 1 performing job duties. Resident Assistant S did not have training in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; and recognizing and responding to resident changes of condition prior to performing work duties. Findings include: On 01/08/2026 at 3:35 PM, Surveyor reviewed Resident Assistant (RA) S's employee record to verify compliance with orientation training requirements. The following was identified: The employee record for RA S, hired on 05/12/2025, did not contain evidence of orientation topics which included documentation of orientation in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; and recognizing and responding to resident changes of condition. On 01/08/2026 at 5:10 PM, Surveyor interviewed Executive Director (ED) T regarding RA S's missing orientation training. ED T verified s/he was unable to locate additional orientation training in RA S's record. On 01/13/2026 at 1:45 PM, Surveyor interviewed RA S who confirmed s/he did not have orientation training specifically in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; and recognizing and responding to resident changes of condition upon hire. On 01/14/2026 at 3:00 PM, Surveyor interviewed ED T and Regional Director (RD) U. ED T	N 230		

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N 230	Continued From page 2 confirmed s/he was not able to locate any additional documentation to show RA S received orientation training in all required topics prior to performing job duties. Cross Reference: N0243 DHS 83.21(1)-(3) All Employee Training	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for	N 243		

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N 243	Continued From page 3 each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident Assistant S obtained all training within 90 days after starting employment. Findings include: The provider is licensed to provide care for 26 residents with irreversible dementia/Alzheimer's and advanced age. On 01/08/2026 at 3:35 PM, Surveyor reviewed Resident Assistant (RA) S employee record to verify compliance with all employee training requirements. The following was identified: The employee record for RA S, hired on 05/12/2025, did not contain evidence of training in resident rights, client groups and challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. On 01/08/2026 at 5:10 PM, Surveyor interviewed	N 243		

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N 243	Continued From page 4 Executive Director (ED) T who verified s/he was unable to locate training in resident rights, client groups and challenging behaviors in RA-S's employee record. ED T also confirmed RA S did not qualify for an exemption for the training. On 01/13/2026 at 1:45 PM, Surveyor interviewed RA S who confirmed s/he did not have training in resident rights, client groups and challenging behaviors within 90 days of hire, or that s/he qualified for an exemption for the training. On 01/14/2026 at 3:00 PM, Surveyor interviewed ED T and Regional Director (RD) U. ED T verified s/he was not able to locate any additional documentation to show RA S completed training in resident rights, client groups and challenging behaviors. Cross Reference: N0230 DHS 83.19 Orientation	N 243		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner.	N 352		

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N 352	Continued From page 5 Resident 3 did not receive Acetaminophen 500 mg tablets as prescribed from 08/06/2025 to 08/12/2025. Findings include: On 08/08/2025, the Department received a complaint alleging residents were not receiving medications as ordered. On 01/08/2026, Surveyors conducted a verification visit, standard survey and complaint investigation at the facility. A sample of residents was selected including the record of Resident 3. On 01/08/2026 at 11:30 AM, Surveyor reviewed Resident 3's record to include a document titled "Service Agreement" provided by Director of Nursing (DON) Q. Surveyor inquired about Resident 3's ISP. DON Q verified they utilize the Service Agreement as an ISP which includes signatures. The following was identified: Resident 3 admitted to the facility on 07/19/2023 with diagnoses of hypertension, hyperlipidemia, anxiety disorder, overactive bladder, other disorder of bone density and structure and dementia. Resident 3 had an activated power of attorney (POA) and his/her Service Agreement, signed 08/20/2025 reflected staff administer his/her medications. Progress notes from 08/03/2025 to 08/04/2025 read in part: 08/03/2025, 6:32 AM: "Fall - Reported to this on call nurse at 10:29 pm on 8/2/25. Resident found lying on back on floor in bathroom by toilet. Resident is wearing TED [sic] hose and walker is within reach. Denies head strike; no evidence of	N 352		

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head strike per RA (resident assistant). Denies new pain. Able to move all extremities at basement without pain per RA ... Assist resident up per facility procedure. Complete skin audit. Complete incident report. Monitor resident per care plan and fall procedure and call back with pain, change in condition or further concern ... Primary emergency contact called at 6:31 am and VM [sic] left ... request for return call ... Facility nursing updated via triage report. MD [sic] faxed fall report at 6:35 am." Author: Nurse M.

08/03/2025, 6:40 AM: "[Power of Attorney (POA) N] called back and updated on fall." Author: Nurse M.

08/03/2025, 3:35 PM: "Late Entry for 8/3/2025 8:55 AM: RA (Resident Assistant) informed RN (registered nurse) Triage of resident's previous fall @ 0400. Resident is now having extreme back pain 10/10, unable to sit up and walk. VS: BP 151/98 ...Writer advised RA to call 911 for EMS transport and notify family." Author: Nurse O.

08/04/2025, 10:01 AM: "Pain on L back side. [POA N] would like scheduled Tylenol for pain. RN notified. Possible increase in dosage. Also [POA N] wants triage or anyone to call [him/her] with any type of fall and notify [him/her] any time of the day!!" Author: Executive Director (ED) D.

08/04/2025, 10:29 AM: "Left message for PCP (primary care physician) nurse asking for scheduled Tylenol and an increase. Updated EMAR for one time Tylenol admin dose at 8 pm tonight. We do have an order that has been faxed to [Pharmacy P] just waiting for it to be added to the MAR. Resident is in pain. 1000 mg three times daily x 7 days." Author: Licensed Practical

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N 352	Continued From page 7 Nurse (LPN) F. Review of an emergency department (ED) summary dated 08/03/2025 reflected Resident 3 was seen in the ED for a fall. The summary included a diagnosis of a left rib contusion and instructions for pain management. A physician order dated 08/04/2025 noted, "Acetaminophen 500 mg tablet, take 2 tablets (1000 mg) three times daily x 7 days." Review of Resident 3's August 2025 MAR reflected: "Acetaminophen 500 mg capsules. Give 500 mg by mouth at 8 pm. ONE TIME DOSE until medication order is in. Continue tomorrow with three times daily. Awaiting order from pharmacy. Effective: 08/04/2025. End: 08/04/2025." The MAR documented staff administered a dose of Acetaminophen on 08/04/2025 at 8:00 PM. Additionally, Resident 3's August 2025 MAR reflected: "Acetaminophen 500 mg capsules. PRN (as needed). Take 2 tabs by mouth three times daily for 7 days (8/5 4 PM - 8/12 8 AM)." The MAR documented staff administered Acetaminophen on the following dates and times: - 08/05/2025 at 7:16 AM, 3:48 PM and 9:11 PM - 08/06/2025 at 7:00 AM - 08/07/2025 at 7:59 PM - 08/08/2025 at 9:47 PM - 08/09/2025 (Blank) - 08/10/2025 (Blank) - 08/11/2025 at 1:19 AM - 08/12/2025 (Blank) Resident 3 did not receive Acetaminophen as ordered three times daily from 08/06/2025 to the	N 352		

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N 352	Continued From page 8	N 352		

morning of 08/12/2025. Resident 3 missed a total of 15 out of 20 scheduled doses.

On 01/08/2026 at 1:25 PM, Surveyor interviewed Director of Nursing (DON) Q. Surveyor reviewed Resident 3's physician order from 08/04/2025 for scheduled Acetaminophen and the August 2025 MAR. DON Q acknowledged Surveyor's concern Resident 3 missed scheduled doses of Acetaminophen. S/he reported s/he followed up with pharmacy and confirmed Acetaminophen was marked as scheduled in their system. DON Q stated, "I am not sure what happened. It should have been caught by us."

On 01/13/2026 at 10:15 AM, Surveyor interviewed Pharmacy Technician (PT) R who reported, "There was a 7-day short term order for Acetaminophen 500 mg tablets, take 3 times daily at 8:00 AM, 4:00 PM and 8:00 PM. They received 42 tablets to start at 4:00 PM on 08/05/2025 and end at 8:00 AM on 08/12/2025. They must not have clicked the right thing in their electronic system. There were no issues on our end. Our system shows scheduled." PT R stated, "I get the orders and enter them, and the facility needs to review and approve them. This was an error on their end."

On 01/16/2026 at 10:30 AM, Surveyors interviewed Executive Director (ED) T, Regional Director (RD) U and Regional Director of Nursing (RDON) V who acknowledged Surveyor's concern Resident 3 did not receive Acetaminophen 500 mg tablets as prescribed from 08/06/2025 to 08/12/2025. RDON V reported, "The pharmacy put it in electronically as needed and our RN or whoever processed it should have caught it was marked as PRN. It was an all-around issue." RDON V confirmed they

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N 352	Continued From page 9 need to review and approve the orders they receive from pharmacy. The provider did not ensure Resident 3 received all prescribed medications in the dosage and at intervals prescribed by a practitioner.	N 352		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review, observation and interview, the provider did not ensure individual service plans (ISP) included all required components for 2 of 2 of residents reviewed (Resident 3 and Resident 4). Resident 3 and Resident 4's ISP did not include desired outcomes, measurable goals, specific methods for delivering care and who is responsible for the care.	N 386		

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N 386	Continued From page 10 Findings Include: On 07/25/2025 and 08/08/2025, the Department received complaints regarding resident care. On 01/08/2026, Surveyors conducted a verification visit, standard survey and complaint investigation at the facility. A sample of residents was selected including the records of Resident 3 and Resident 4. On 01/08/2026 at 11:30 AM, Surveyors reviewed Resident 3 and Resident 4's record to include a document titled "Service Agreement" provided by Director of Nursing (DON) Q. Surveyors inquired about Resident 3 and Resident 4's ISPs. DON Q verified they utilize the Service Agreement as an ISP which includes signatures. Surveyors reviewed the Service Agreements for Resident 3 and Resident 4 and noted all the required information was not included. The agreements listed service areas and under each topic the following was listed: effective date, service type, scheduled minutes per visit, estimated minutes per month, provider, covered, package, cost, time(s), day(s) and notes. Resident 3: Resident 3 admitted to the facility on 07/19/2023 with diagnoses of hypertension, hyperlipidemia, anxiety disorder, overactive bladder, other disorder of bone density and structure and dementia. Resident 3 had an activated power of attorney. Resident 3's Service Agreement, signed 08/20/2025 reflected the following: Under service type for "Oral Med 1-2x day" it reflects "Provider: EMAR [Electronic Medical Administration Record] ...Time(s): 8AM, 8PM	N 386		

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N 386	Continued From page 11 ...Day(s): Every day." Under "Notes" it states, "Administer medications twice daily per EMAR." The document did not include desired outcomes, measurable goals, specific methods for delivering care and who is responsible for the care. Under service type for "Dressing: Phys. Asst 1 1-4x/day" it reflects "Provider: Resident Assistant ...Time(s): 9AM, 9PM ...Day(s): Every day. Under "Notes" it states, "Ensure resident is getting dressed twice daily into clean clothes." The document did not identify measurable goals and desired outcomes. Under service type for "Transfer: Phys. Assist 1 3-4x/day" it reflects "Provider: Resident Assistant ... Time(s): AM [morning], PM [afternoon or evening], NOC [nocturnal or night] ...Day(s): Every day." Under "Notes" it states, "Ensure resident has help with transferring. Assist x 1. May use gait belt as needed." The document did not include measurable goals and desired outcomes. Under service type for "Bathing: Phys. Assist 1 2x/week" it reflects "Provider: Resident Assistant ...Time(s): 6PM ...Day(s): Every Sun and Wed [sic]." Under "Notes" it states, "Assist resident with shower twice weekly. Please ensure any skin issues are brought to the nurse." The document did not identify measurable goals and desired outcomes. Under service type for "Ambulation" it reflects "Physical Assist of 1 ...Provider: Resident Assistant ...Time(s): AM, PM, NOC and Day(s): Every day." Under "Notes" it states, "Resident is an assist x 1 with Ambulation. Unlicensed assistive personnel to provide physical assist of 1 for ambulation. The community will provide the	N 386		

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N 386	Continued From page 12 level of assistance necessary to support the resident's optimal level of independence in ambulation." On 01/08/2025 at 4:20 PM, Surveyors observed Resident 3 with a walker. Resident 3's Service Agreement did not include the need for ambulation with a walker. Additionally, it did not identify measurable goals. Resident 4: Resident 4 admitted to the facility on 01/12/2024 with diagnoses of hypertension, hypothyroidism, hypolipidemia, depression, anxiety disorder, and other disorder of bone density and structure. Resident 4 had an activated power of attorney. Resident 4's Service Agreement, signed 06/24/2025 reflected the following: Under service type for "RA Service Add'l: Daily" it reflects "Provider: Resident Assistant ...Time(s): 1AM, 4AM, 8PM ...Day(s): Every day. Under "Notes" it states, "Staff to ensure BED ALARM is on bed is on bed at HS [hour of sleep] and in place throughout NOC shift." The document did not identify measurable goals, desired outcomes and specific methods for delivering care. Under service type for "Dressing: Phys. Assist 1-2x/day" it reflects "Provider: Resident Assistant ...Time(s): AM, PM ...Day(s): Every day. Under "Notes" it states, "Staff to assist with dressing in AM and undressing at HS [sic]." The document did not identify measurable goals and desired outcomes. Under service type for "Oral Med 3x day" it reflects "Provider: Resident Assistant...Time(s): 8AM, 2PM, 8PM ...Day(s): Every day." Under	N 386		

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N 386	Continued From page 13 "Notes" it states, "Staff to administer medications according to MAR [Medical Administration Record].. See MAR for specific medication instructions.. Community to assist resident to take medications as ordered." The document did not include desired outcomes, measurable goals and specific methods for delivering care. Under service type for "Daily Wellness Check " it reflects "Provider: AM MC [Memory Care] Cares ...Time(s): 10AM ...Day(s): Every day" Under "Notes" it states, "Staff to check on resident and ensure resident is safe and all needs are met" The document did not identify measurable goals and desired outcomes. Under service type for "Dining: Escort 3x/daily" it reflects "Provider: Resident Assistant ...Time(s): 7:30AM, 11:30AM, 4:30PM ...Day(s): Every day" Under "Notes" it states, "Staff to ensure resident is getting to/from meals daily d/t [sic] compression fx [sic]. Staff may need to escort or use w/c [sic] to get [him/her] to meals." The document did not identify measurable goals and desired outcomes. On 01/14/2026 at 3:00 PM, Surveyor interviewed Executive Director (ED) T and Regional Director (RD) U. Surveyors discussed concerns Resident 3's and Resident 4 's Service Agreement did not include all required components under DHS 83.35(3)(a). ED T acknowledged Surveyors concerns and stated, "It's more for payment and changes in resident care." RD U explained s/he was newer to his/her role and their electronic system and asked for additional time to provide documentation. Surveyors asked for additional documentation to be provided by 12:00 PM on 01/15/2026.	N 386		

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N 386	Continued From page 14 On 01/15/2026 at 12:00 PM, no additional documentation was provided. On 01/16/2026 at 10:30 AM, Surveyors interviewed ED T, RD U and Regional Director of Nursing (RDON) V. RDON V confirmed they did not have any additional documentation to provide for Resident 3 and Resident 4's Service Agreement. S/he stated, "The Service Agreement was not completed correctly, we will fix it." The provider did not ensure individual service plans (ISP) included all required components. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes	N 386		
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 and interview, the	N 389		

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N 389	Continued From page 15 provider did not ensure 2 of 2 residents reviewed (Resident 3 and Resident 4) had an updated individual service plan (ISP) when there was a change in their needs. Resident 3 had four unwitnessed falls from 06/24/2025 to 10/09/2025. The fall on 08/02/2025 resulted in emergency services on 08/03/2025 where Resident 3 was diagnosed with bruising to his/her ribs. The provider did not update Resident 3's ISP to identify his/her risk for falls or include interventions for fall prevention. Resident 4's ISP did not address new interventions that were put into place after Resident 4 experienced an unwitnessed fall. Findings include: On 07/25/2025 and 08/08/2025, the Department received complaints alleging concerns with falls and care. On 01/08/2026, Surveyors conducted a verification visit, standard survey and complaint investigation at the facility. A sample of residents was selected including the records of Resident 3 and Resident 4. On 01/08/2026 at 11:30 AM, Surveyors reviewed Resident 3's and Resident 4's record to include a document titled "Service Agreement" provided by Director of Nursing (DON) Q. Surveyors inquired about Resident 3 and Resident 4's ISPs. DON Q verified they utilize the Service Agreement as an ISP which includes signatures. The following was noted: Resident 3:	N 389		

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Resident 3 admitted to the facility on 07/19/2023 with diagnoses of hypertension, hyperlipidemia, anxiety disorder, overactive bladder, other disorder of bone density and structure and dementia. Resident 3 had an activated power of attorney.

*Review of Incident Reports and Post Fall Evaluations from 06/24/2025 to 10/09/2025 documented a history of falls. The following was identified:

06/24/2025 - Incident Report: Unwitnessed fall in bathroom. "Resident was attempting to get off the toilet when [s/he] slipped and landed on [his/her] bottom." It was noted s/he used his/her pull cord to call for assistance and s/he was not wearing nonslip footwear and had compression socks on. No injuries were noted.

A Post Fall Evaluation dated 06/25/2025 noted the following intervention: "Recommended wearing appropriate footwear while transferring and ambulating."

07/18/2025 - Incident Report: Unwitnessed fall in bedroom. "Resident rang pendent upon staff entering room found resident on floor laying on [his/her] back with [his/her] legs tangled in [his/her] blankets. Resident said [s/he] didn't fall and nothing hurts." No injuries were noted.

A Post Fall Evaluation dated 07/21/2025 noted the following intervention: "Educated to use call light prior to getting out of bed."

08/02/2025 - Incident Report: Unwitnessed fall in bathroom. "Resident said [s/he] slipped and fell doesn't know what [s/he] was doing." It was noted another staff could not get Resident 3 washed up

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and changed for the night, so when another staff went in to check on him/her they found him/her on the bathroom floor. No injuries were noted.

A Post Fall Evaluation dated 08/07/2025 noted the following intervention: "Educated to use call light prior to getting out of bed."

10/09/2025 - Incident Report: Unwitnessed fall in bathroom. "Resident stated [s/he] slipped off the toilet ..." It was noted Resident 3 pulled his/her bathroom cord, s/he had one slipper on and his/her walker was not in range. No injuries were noted.

A Post Fall Evaluation dated 10/10/2025 noted the following intervention: "Educated to use call light prior to getting out of bed ... increased safety checks ... increase services."

*Review of progress notes from 08/03/2025 to 10/10/2025 read in part:

08/03/2025, 6:32 AM: "Fall - Reported to this on call nurse at 10:29 pm on 8/2/25. Resident found lying on back on floor in bathroom by toilet ... wearing TED [sic] hose and walker is within reach. Denies head strike ... Denies new pain ... Assist resident up per facility procedure ... Monitor resident per care plan and fall procedure and call back with pain, change in condition or further concern ..." Author: Nurse M.

08/03/2025, 3:35 PM: "Late Entry ... RA (resident assistant) informed RN Triage of resident's previous fall @ 0400. Resident is now having extreme back pain ... unable to sit up and walk ... call 911 for EMS transport and notify family." Author: Nurse O.

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N 389	Continued From page 18 *Review of an emergency department (ED) summary dated 08/03/2025 reflected Resident 3 was seen in the ED for a fall. The summary included a diagnosis of a left rib bruising and instructions for pain management. 10/09/2025, 11:11 PM: " ... unwitnessed fall in [his/her] bathroom and pulled bathroom cord for assistance. Resident reported that [s/he] slid off [his/her] toilet ... no skin injuries ... no pain or discomfort ... RA reports resident is doing [his/her] night routine with hair curlers and is currently in [his/her] bathroom on the toilet ..." Author: Nurse Y. 10/10/2025, 3:08 PM: "Resident with no pain or injuries after recent fall. LVM [sic] with family to increase safety checks especially during late hours." Licensed Practical Nurse (LPN) F. (Surveyor note: There was no documentation in Resident 3's progress notes after 10/10/2025 to reflect any additional communication between the provider and his/her legal representative regarding the increased safety checks and services as noted in the Post Fall Evaluation on 10/10/2025.) *Review of Resident 3's "Service Agreement" signed 08/20/2025 did not identify his/her risk for falls or include any interventions for fall prevention. The Service Agreement read in part: "Transfer: Phys. Assist 1 3-4x/day ... Ensure resident has help with transferring. Assist x 1. May use gait belt as needed." "Ambulation: Physical Assist of 1 ... Resident is an assist x 1 with Ambulation ... provide physical assist of 1 for ambulation ..."	N 389		

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N 389	Continued From page 19 "Toileting: Phys Asst 1 1-4x/day ... Assist resident with toileting ... physically assist resident to use toilet and/or change undergarments and provide peri care as needed. May require transfer assistance ..." It was noted this service was updated with an "effective date" of 12/23/2025. On 01/08/2026 at 2:30 PM, Surveyor interviewed LPN F who confirmed Resident 3 has a history of falls, uses a walker for ambulation and requires staff assistance with ambulation, bathing, toileting and transfers. LPN F reported, "If [s/he] is weak at times, [s/he] may need more assistance. It varies." LPN F stated, "[Resident 3] likes to stay up late and doesn't like to get up early in the morning and may be fussy with cares, but s/he doesn't necessarily refuse." S/he stated, "Staff reapproach with [him/her] as needed and any additional interventions are discussed during our shift-to-shift huddles." Surveyor inquired about the progress note from 10/10/2025 which s/he indicates s/he left a message for family about increased safety checks specifically during late hours. LPN F stated, "I am not sure if I brought it up to family. Our previous executive director didn't want us to do increased safety checks." On 01/14/2026 at 1:10 PM, Surveyor interviewed power of attorney (POA) Z who reported Resident 3 has dementia, uses a walker for ambulation and requires staff assistance with dressing, bathing, toileting and transfers. POA Z discussed Resident 3 "is very particular" when it comes to things like his/her hair and certain staff. S/he also stated Resident 3 may refuse care with bathing at times. S/he reported, "[Resident 3] will often sit in the bathroom combing or playing with his/her hair or ripping up toilet paper. When staff check on [him/her] to get [him/her] ready for bed, [s/he]	N 389		

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may be on the toilet or forget what [s/he] was doing. Staff say they will come back and that is when [s/he] falls. [S/he] doesn't like to be rushed. If [s/he] doesn't like somebody, [s/he] gets frustrated." POA Z recalled Resident 3's previous falls and specifically the one from 08/02/2025 where s/he required emergency services. POA Z stated, "[S/he] was in so much pain." S/he stated, "I don't recall there being a conversation about increased safety checks or services."

In Summary: Resident 3 experienced 4 unwitnessed falls from 06/24/2025 to 10/09/2025. The fall on 08/02/2025 resulted in emergency services where s/he had bruising to his/her ribs. After each fall the provider completed a Post Fall Evaluation to include interventions. Review of Resident 3's Service Agreement, signed 08/20/2025, revealed there was no identified risk for falls. Additionally, the interventions identified in the Post Fall Evaluations were not added to the Service Agreement.

Resident 4:

Resident 4 admitted to the facility on 01/12/2024 with diagnoses of hypertension, hypothyroidism, hypolipidemia, depression, anxiety disorder, and other disorder of bone density and structure. Resident 4 had an activated power of attorney.

*Review of Post Fall Evaluations from 05/12/2025 to 07/13/2025 documented a history of falls. The following was identified:

A Post Fall Evaluation dated 05/14/2025 noted the following intervention: "Purposeful staff rounding to increase."

A Post Fall Evaluation dated 07/08/2025 noted

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the following: " ... Interventions implemented for this fall ...Recommended increased safety checks ... recommended appropriate footwear while transferring and ambulating."

A Post Fall Evaluation dated 07/13/2025 noted the following: " ... Interventions implemented for this fall ... Change bed alarm to 24/7 instead of just at night."

*Review of progress notes from 05/12/2025 to 07/13/2025 read in part:

05/12/2025, 7:31 AM: "Reported to this on call nurse at 4:32 AM. [Resident 4] found sitting on floor beside [his/her] bed. [Resident 4] states [s/he] slipped from the edge. [Resident 4] is wearing shoes and walker is within reach...." Author: Nurse M

07/08/2025, 4:47 AM: "[Med Passer (MP) K] was alerted by [Resident 4] crying out for help at 0400. [MP K] found the [Resident 4] on the floor next to [his/her] bed and [his/her] chair. Walker was tipped over in the bathroom. [Resident 4] has complaints of lower back pain...." Author: MP K

07/13/2025, 2:41 AM: "...this on call RN was contacted at 02:17 regarding [Resident 4] being found on floor in bathroom ...call to [POA W] ...advised to call 911 .... resident transported to local hospital ..." Author: Registered Nurse Z

*Review of Resident 4's "Service Agreement" signed 06/24/2025 did not identify his/her risk for falls, interventions implemented for fall prevention and his/her diagnosis of Dementia. The Service Agreement read in part:

RA Service Add'l: Daily Time(s): 1AM, 4AM, 8PM

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N 389	Continued From page 22 .... "Staff to ensure bed alarm is on bed at HS [hours of sleep] and in place throughout the NOC [nocturnal or night]." Dining Escort: 3x daily ... staff to ensure resident to/from meals daily "d/t [sic] compression fx [sic]" ... staff may need to escort or use w/c [sic] to get [him/her] to meals. On 01/14/2026 at 12:20 PM, Surveyor interviewed POA W, who stated, s/he went to the facility on 07/13/2025 at approximately 2:35 AM after receiving a call from facility staff that Resident 4 fell. POA W stated s/he went to the facility again on 07/14/2025 to discuss his/her concerns with ED D. POA W stated ED D suggested increasing Resident 4's Plan Level or signing on with Hospice. POA W explained s/he did not feel like an increase to the Plan Level or Hospice was needed if the bed alarm purchased was being used 24 hours a day/7 day a week. POA W described Resident 4 taking a long time to get out of bed and walking very slowly to the bathroom, allowing caregivers time to come assist him/her. ED D stated this change to the fall intervention could be added to Resident 4's Service Agreement. POA W stated Resident 4's fall intervention was not updated to use the bed alarm 24 hours a day/7 day a week. In Summary: Resident 4 experienced 3 unwitnessed falls from 05/12/2025 to 07/13/2025. After each fall the provider completed a Post Fall Evaluation to include interventions. Review of Resident 4's Service Agreement, signed 06/24/2025, revealed there was no identified risk for falls. Additionally, the interventions identified in the Post Fall Evaluations were not added to the Service Agreement.	N 389		

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N 389	Continued From page 23 On 01/14/2026 at 3:00 PM, Surveyors interviewed Executive Director (ED) T and Regional Director (RD) U. Surveyors discussed concerns Resident 3 and Resident 4's Service Agreement were not updated to identify their risks for falls or include any interventions for fall prevention. ED T acknowledged Surveyors concerns and stated, "It's more for payment and changes in resident care." RD U explained s/he was newer to his/her role and their electronic system and asked for additional time to provide documentation. Surveyors asked for additional documentation to be provided by 12:00 PM on 01/15/2026. On 01/15/2026 at 12:00 PM, no additional documentation was provided. On 01/16/2026 at 10:30 AM, Surveyors interviewed ED T, RD U and Regional Director of Nursing (RDON) V. RDON V confirmed they did not have any additional documentation to provide for Resident 3 or Resident 4's Service Agreements. S/he acknowledged their Service Agreements were not updated following their falls and did not include their fall risk and any related interventions for fall prevention. The provider did not ensure Resident 3 and Resident 4's Service Agreements were updated when there was a change of condition in their needs. Cross Reference: N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	N 389		