STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011754	A. BUILDING: _____ B. WING _____	C 07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN	**2131 CINDY CT 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
M 000	INITIAL COMMENTS On 06/27/2025, with information gathered through 07/03/2025, Surveyor conducted two complaint investigations at Evergreen, an AFH located in Wisconsin Rapids, WI. As a result of the survey, there was 1 deficiency of Chapter DHS 88 identified. One complaint was substantiated. One complaint was unsubstantiated. Census: 4	M 000		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not develop an individual service plan including specific fall interventions for Resident 1. Findings include: On 02/13/2025, the Department received a complaint which included allegations of the care providers not following Resident 1's care plan or proper fall protocol. On 06/27/2025, with information gathered through 07/03/2025, Surveyor conducted a complaint investigation.	M 410		

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

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M 410	Continued From page 1 On 06/27/2025 at approximately 12:00 PM, Surveyor toured the facility. In Resident 1's bedroom, Surveyor observed a high/low hospital bed which had bilateral bed rails, bed bolsters, and a fall mat. During the tour, Surveyor interviewed Assistant Manager A. Assistant Manager A stated these were all fall interventions and that were to be used when Resident 1 was in bed. S/he confirmed that Resident 1 had a fall back in January or February of 2025. S/he stated there was only 1 fall, and that at the time, the facility was waiting on a new hospital bed for Resident 1, because the previous bed did not lower down to the floor, but that Resident 1 already had and should have been using the bed bolsters and fall mat. Assistant Manager A stated there was a short time that night shift staff were not utilizing the fall mat due to miscommunication, but this had since been corrected with education and training. On 06/27/2025, Surveyor reviewed Resident 1's records. The following was documented: Resident 1 admitted to the provider on 06/04/2007 with diagnosis including cerebral palsy, seizure disorder, osteoporosis, and fall risk. Resident 1 had a Guardian who assisted him/her through advocating, care planning, and decision making. Resident 1's record contained a sheet titled "[Resident 1's] Cares", that was not dated. The sheet included an "overnight" section which documented: " ... MAKE SURE BOLSTERS & MAT ARE IN PLACE ...". The record contained an individual service plan (ISP) dated with last review as May 6th, 2025.	M 410		

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M 410	Continued From page 2 There was a signature page that contained 6 staff signatures. The ISP stated Resident 1 was a fall risk, but did not detail any interventions in place to minimize risk of fall or risk of injury if falls occur. Resident 1's record contained a Fall Risk Assessment Form, dated 04/25/2025, and assessed Resident 1 at a score of 5. The assessment form states: "A score of 4 or more is considered at risk for falling." On 06/27/2025 at approximately 1:30 PM, Surveyor interviewed CSL Manager B. CSL Manager B stated s/he believed the ISP had been updated with fall interventions. CSL Manager B stated it was AFH Manager C's responsibility to update ISPs. On 07/03/2025 at approximately 2:45 PM, Surveyor interviewed AFH Manager C. AFH Manager C confirmed the ISP dated 05/06/2025 was the most recent. AFH Manager C stated staff were aware of the fall protocol and interventions, especially for Resident 1 after the additional training/staff meetings were held to review protocol after his/her fall on 01/22/2025. AFH Manager C was unsure why the details were not included in Resident 1's ISP.	M 410		