STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019634	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEK SIDE MANOR	**8841 S 13TH STREET OAK CREEK, WI 53154**

(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 01/10/2024, with information gathered through 01/22/2024, Surveyor completed 3 complaint investigations at Creek Side Manor. Five deficiencies were identified. Three complaints were substantiated. Census: 17	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not submit a written report to the Department within 3 working days after an incident resulting in serious injury which required emergency room treatment for 1 of 1 resident reviewed (Resident 2). On 10/24/2023, Resident 2 was transported to the emergency room due to a fall with injuries. There was no evidence the facility reported this incident to the Department. Findings include: On 01/10/2024, Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted on 10/08/2021 with a diagnosis of Parkinson's disease. Staff observation dated 10/24/2023 at 7:46 p.m.,	N 165		

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

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N 165	Continued From page 1 indicated Resident 2 had been transported to the hospital due to a fall with head injury. On 01/10/2024, Surveyor reviewed Department records and identified there were no self-reports received from the provider regarding Resident 2 being treated at the hospital due to a fall. On 01/10/2024 at approximately 10:00 a.m., Surveyor interviewed Resident 2. Resident 2 stated s/he fell often and recently had to go to the emergency department because they fell and injured themself. On 01/10/2024 at approximately 3:00 p.m., Surveyor interviewed Director of Operations (DO) C who stated the Community Director was responsible for self-reporting and they were unsure whether a self-report had been submitted for this incident and could not find one.	N 165		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident right to prompt treatment appropriate to resident needs when 2 of 2 residents' call pendants and/or emergency pull cords were not answered timely. Between 12/25/2023-01/09/2024, Resident 1	N 353		

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N 353	Continued From page 2 experienced 14 episodes of call pendant/and or emergency pull cord wait times exceeding 20 minutes. On 10/24/2023, Resident 2 waited 1 hour and 24 minutes for staff to respond to call pendant. Findings include: Between 12/25/2023 and 01/04/2024 the Department received 3 complaints alleging a resident was not receiving timely assistance. On 01/10/2024, at approximately 9:30 AM, Surveyor toured and observed the facility. Pull cords were in all resident bathrooms and call pendants were worn by residents. Record Review On 01/10/2024, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted on 07/25/2022 with a diagnosis including Type 2 diabetes mellitus with unspecified diabetic retinopathy, macular degeneration, calculus of kidney, and cerebrovascular disease. Resident 1's individual service plan (ISP), dated 09/13/2023, documented Resident 1 required complete assistance with mobility and transfers, medication administration, blood sugar checks, diabetic snacks, bathing, dressing, grooming, transferring, laundry, housekeeping, and ongoing health monitoring. Resident 1's call pendant/emergency pull cord logs between 12/25/2023-01/09/2024 documented the following times greater than 20	N 353		

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N 353	Continued From page 3	N 353		

minutes:
12/25/2023 08:23 AM-28 minutes
12/25/2023 11:01 AM-45 minutes
12/26/2023 10:16 AM-43 minutes
12/26/2023 11:20 AM-25 minutes
12/27/2023 05:51 PM-1 hour 14 minutes
12/29/2023 09:40 PM-50 minutes
12/30/2023 09:20 PM-39 minutes
12/31/2023 04:11 PM-22 minutes
12/31/2023 10:24 PM-31 minutes
01/01/2024 09:42 AM-32 minutes
01/02/2024 01:20 PM-26 minutes
01/08/2024 09:19 AM-52 minutes
01/08/2024 06:17 PM-44 minutes
01/09/2023 08:37 AM-23 minutes

On 01/10/2024, Surveyor reviewed Resident 2's record and identified the following:

Resident 2 was admitted on 10/08/2021 with a diagnosis including Chronic lymphocytic leukemia, hyperthyroidism, and Parkinson's disease.

Resident 2's ISP, dated 09/13/2023, documented Resident 2 required stand by assistance with toileting and transfers, medication administration, bathing, dressing, grooming, laundry, housekeeping, and ongoing health monitoring.

Resident 2's call pendant/emergency pull cord log documented the following time greater than 20 minutes:

10/24/2023 06:42 PM-1hour 25 minutes.

Review of staff observation log dated 10/24/2023 at 7:46 p.m., indicated Resident 2 had been transported to the hospital due to a fall with head injury.

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N 353	Continued From page 4 Interviews On 01/10/2024 at approximately 10:00 a.m., Surveyor interviewed Resident 2. Resident 2 stated s/he fell often and recently had to go to the emergency department because they fell and injured themself. Resident 2 stated, "I fell and was bleeding from my arm. I pushed the pendent, and it took a long time before anyone came. I try not to push my button too often because I want them to know when I do, I really need help." On 01/10/2024 at approximately 9:30 AM, Surveyor interviewed Family Member G, who stated, "[Resident 2] is very sharp and can probably tell you better than me. I know there was one incident where [Resident 2] fell, and skin was torn and bleeding. [Resident 2] pushed pendant and they didn't come. Staff said the pendant must not have been working. I don't know what to believe." On 01/10/2023 at 3:00 PM Surveyor interviewed Family Member J, who stated, "I entered [Resident 1's] room on Christmas morning to find them still in bed at 10:20 AM from the night before." On 01/10/2023 at approximately 5:30 PM Surveyor interviewed Family Member K, who stated, "On 12/31/2023, at around 4:00 PM, [Resident 1] pushed their call button for assistance with getting up from bed so we could have some snacks together for the holiday. Over an hour later [Resident 1] called me back and said no one had come to help them get ready. I arrived after 5 PM and found [Resident 1] still lying in bed."	N 353		

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N 353	Continued From page 5 On 01/10/2024 at approximately 3:00 PM, Surveyor interviewed Director of Operations (DO) C regarding the long wait times for staff to help with cares. DO C stated they understood there had been problems with the call pendants losing their backs and batteries needing to be replaced. DO C confirmed the staffing ratio was 3 caregivers which should have been adequate for a census of 17 residents. DO C stated, "We are holding staff meetings to address these concerns."	N 353		
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 provider did not ensure 1 of 2 residents (Resident 2's) individual service plan (ISP) was updated when there was a change in service needs. Resident 2 had falls with injuries and there were no updates to their ISP.	N 389		

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N 389	Continued From page 6 Findings include: Record Review On 01/10/2024, Surveyor reviewed Resident 2's records and identified the following: -Resident 2 was admitted on 07/25/2022 with a diagnosis of Parkinson's disease. -Resident 2's staff observation notes from 09/11/2023 through 01/06/2024 indicated Resident 2 had 3 falls during that time. Resident 2's observation notes identified the following: --Staff observation record dated 10/24/2023 at 7:46 p.m., indicated Resident 2 had been "transported to the hospital due to a fall with head injury." --Staff observation dated 10/13/2023 at 3:34 p.m., stated, " ...had a fall no injury except for a skin tear to right forearm." --Staff observation dated 09/16/2023 at 9:22 p.m., stated "walking fine, no complaints of pain from fall." -Resident 2's most recent ISP, dated 09/13/2023, was not updated to include change in fall risk status. Page 3 of the ISP listed fall risk status as "Resident is not high fall risk." Interviews On 01/10/2024 at approximately 10:00 a.m., Surveyor interviewed Resident 2. Resident 2 stated s/he fell often and recently had to go to the emergency department because s/he fell and was injured. On 01/10/2024 at approximately 3:30 p.m., Surveyor interviewed Director of Operations C (DO) C about policy of ISP updates when there was a change in condition. DO C stated s/he was unsure how frequently ISPs were updated when	N 389		

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N 389	Continued From page 7 there was a change in condition because this was handled by the nurse. On 01/22/2024 at approximately 12:15 p.m., Surveyor interviewed Nurse Manager D (NM) D about policy of ISP updates when there was a change in a resident's condition. NM D stated they had only been working at the facility for 2 weeks and were not familiar with Resident 2's ISP. NM D confirmed they were currently being trained and would be responsible for updating ISPs in the future.	N 389		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of 1 of 1 furnace. On the floor of the north side of the furnace was 1 box with paint supplies and 1 box containing glass cleaner. Findings include: On 01/10/2024, at 9:45 AM, Surveyor toured the facility accompanied by Maintenance Manager (MM) B. The furnace room was located on the north side of the facility. Surveyor observed the floor on north end of furnace had 1 box of paint supplies and 1 cardboard box containing 6 gallons of glass cleaner less than 1 - 2 inches from the furnace. On 01/10/2024, at approximately 9:45 AM, Surveyor interviewed MM B. MM B reported they	N 507		

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N 507	Continued From page 8 were unsure how long the furnace room had been storing these objects. On 01/10/2024, at 3:50 PM, Surveyor interviewed Director of Operations C (DO) C. DO C reported s/he was unaware the furnace room was being used for storage but would have the area around furnace cleaned out immediately.	N 507		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 4 emergency exits, provided unobstructed travel to the outside. One of 4 ground level emergency exits was equipped with delayed egress door locks. One of 4 doors obstructed travel to the outside. Findings include: On 07/19/2023, the facility was licensed as a Class CNA (non-ambulatory) to serve 23 residents of advanced aged, physically disabled, irreversible dementia/Alzheimer's and terminally ill.	N 631		

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N 631	Continued From page 9 On 01/10/2023 at approximately 9:45 AM, Surveyor toured facility, accompanied by Maintenance Manager B. Surveyor attempted to open the door located on the northern end of the building. The door was equipped with delayed egress hardware and a sign stating push for 15 seconds to release. Surveyor tested the delayed egress by applying pressure to the release latch and counting. The door would not open. Surveyor asked about resident evacuation during an emergency. MM B stated the door required a code or a swipe card to get out. On 01/10/2024 at approximately 3:55 PM, Surveyor interviewed Director of Operations (DO) C about the exit. DO C stated, "I'm not sure why the door was not releasing, but we will have it looked at."	N 631		