STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017060	A. BUILDING: _____ B. WING _____	C 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING ELM CBRF	**750 ELM ST WOODRUFF, WI 54568**

(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 10/13/2025, Surveyor conducted a complaint (x4) investigation at Milestone Senior Living ELM CBRF. Data collection continued through 10/14/2025. Three of 4 complaints were substantiated. One deficiency was identified. Census: 19	N 000		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure services adequate to meet the needs of Resident 1's personal care. Findings include:	N 425		

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

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N 425	Continued From page 1 The facility is licensed to serve up to 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. Between 07/23/2025 and 09/21/2025, the Department received four complaints alleging staffing concerns and resident neglect. On 10/13/2025 at approximately 10:00 AM, Surveyor interviewed Family Member (FM) B. Surveyor asked FM B about Resident 1's cares and staffing. FM B stated that Resident 1 had Alzheimer's disease and was admitted two years ago. FM B reported the following: FM B visits Resident 1 several times a week. Resident 1 has been soaked with urine during visits and Resident 1's bedding has been soaked with urine and not changed on many occasions. FM B stated that Resident 1 was supposed to be toileted every two hours and FM B would strip and change Resident 1's bedding. FM B stated, "There is a lot of agency staff and turnover; I don't trust [s/he] (Resident 1) will be taken care of during the night." FM B stated that Resident 1's mattress was saturated with urine and had to be thrown away in September 2025. On 10/13/2025 at approximately 1:30 PM, Surveyor interviewed Caregiver C. Surveyor asked Caregiver C about resident care and staffing. Caregiver C stated, "Agency staff don't follow careplans [sic]." Caregiver C reported that Caregiver C had worked at the facility for three years and worked the AM shift. Caregiver C stated that two caregivers worked per shift. Caregiver C indicated that when Caregiver C worked, Caregiver C would often find Resident 1 soaked with urine and Resident 1's bed soaked with urine all the way down to the mattress. Caregiver C reported, "Everyone is on a 2-hour	N 425		

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N 425	Continued From page 2	N 425		

toilet schedule (and) not all are getting checked." Caregiver C commented that it was difficult completing weekly showers with two staff per shift. Surveyor asked Caregiver C about staff responding to resident call pendants. Caregiver C stated, "Call times are terrible."

On 10/13/2025 at approximately 3:45 PM, Surveyor interviewed Caregiver D. Surveyor asked Caregiver D about resident care and staffing. Caregiver D reported that agency staff do not follow care plans. Caregiver D stated that over the past few months, Resident 1 had been found soaked with urine ("dark yellow urine") on several occasions. Caregiver D commented, "Staff are not checking on [Resident 1] because [his/her] bed has been soaked with urine a lot."

On 10/14/2025, Surveyor reviewed the provider's call pendant response times for the following dates: 09/10/2025, 09/30/2025 and 10/05/2025. According to the provider's "Detailed Event Report," dated 09/10/2025, the following response times 10 minutes or greater were reported:

Call pendant activated:	Call pendant response time:	Total minutes:
03:58 AM	04:11 AM	12
07:35 AM	07:51 AM	15
07:44 AM	08:02 AM	18
11:32 AM	11:48 AM	16
1:07 PM	1:30 PM	23
1:34 PM	1:46 PM	12
8:00 PM	8:11 PM	10

According to the provider's "Detailed Event Report," dated 09/30/2025, the following response times 10 minutes or greater were

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reported:

Call pendant activated:	Call pendant response time:	Total minutes:
04:20 AM	05:05 AM	45
04:37 AM	05:04 AM	26
05:25 AM	05:39 AM	14
06:04 AM	06:19 AM	14
3:32 PM	3:48 PM	16
4:48 PM	5:08 PM	20
5:12 PM	5:47 PM	34
5:16 PM	5:37 PM	21
6:08 PM	6:54 PM	46
7:23 PM	7:34 PM	10

According to the provider's "Detailed Event Report," dated 10/05/2025, the following response times 10 minutes or greater were reported:

Call pendant activated:	Call pendant response time:	Total minutes:
06:10 AM	06:30 AM	19
06:22 AM	06:33 AM	10
08:36 AM	08:49 AM	12
11:21 AM	11:34 AM	12
4:46 PM	5:07 PM	21
5:22 PM	5:34 PM	11
6:36 PM	6:48 PM	12
7:28 PM	7:40 PM	12

On 10/14/2025, Surveyor reviewed a "Record of

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Grievance/Complaint," in regard to Resident 1, written by Caregiver C, dated: 09/19/2025. The Record of Grievance/Complaint, read in part, "When getting resident up this morning, [Resident 1] was completely soaked down to the mattress. There was a ring on [his/her] sheets, some of it was dry (and) some of it was really wet." The following response to the Record of Grievance/Complaint was noted by Director A, "Resident on Q2 (every 2 hours) toileting. Care staff expectations reminder posted in break room."

On 10/14/2025, Surveyor received an e-mail from FM B in reference to Resident 1. The e-mail read in part,

"August 10, 2025 [sic] was when I discovered the bed was made and soaked with urine.
August 15, 2025 [sic] I arrived at [Facility Name] at 0800. I spoke to [Resident 2's] [wife/husband] that day.
We discussed how we felt that we needed to visit every day to monitor our family member's care.
August 18, 2025 [sic] was when [his/her] pajamas were soaked. It was when I discovered the very red irritated skin in [his/her] peri area and needed to notify the medical provider. [His/Her] bathroom was in need of cleaning and I cleaned it. I have a picture of it.
September 19, 2025 [sic]was when [Resident 1] was soaked with urine, requiring a shower. [Caregiver C] was assisting. That is the picture I shared. I emailed [Director A] about the incident.
September 21 and September 22 (2025), the bed was found soaking wet with urine.
September 22 (2025)
[s/he] was found by me, with 2 overnight Depends [sic] on [him/her]. I met with Director A that day and requested a corrective action plan to solve

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N 425	Continued From page 5 the issues. September 26, 2025, I found the bed wet. I took the sheets off the bed and brought them to staff. October 13, 2025 [sic] I arrived. The bed was dry, pajamas were dry, room was in good order. [Facility Name] has provided excellent care to [Resident 1] over the past couple years. I am hoping the standards return to what they were. I will continue to monitor closely." On 10/15/2025 at approximately 3:30 PM, Surveyor interviewed Director A via telephone. Director A verified auditing the call light pendant response times to ensure call pendants are answered timely. Director A verified the call pendant response times for 09/10/2025, 09/30/2025 and 10/05/2025. Director A indicated that some of the call pendant response times were lengthy. Director A verified receiving a "Record of Grievance/Complaint" from Caregiver C on 09/19/2025. Director A verified his/her response to Caregiver C, "Resident on Q2 (every 2 hours) toileting. Care staff expectations reminder posted in break room." The provider did not ensure services adequate to meet the needs of Resident 1's personal care.	N 425		