STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019677	A. BUILDING: _____ B. WING _____	C 04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENCOURT NEW BERLIN	13705 W FIELDPOINTE DR NEW BERLIN, WI 53151

(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 04/09/2024, the Bureau of Assisted Living, Southern Regional Office conducted two complaint investigations at LindenCourt New Berlin located at 13705 W Fieldpointe Dr in New Berlin, WI. One citation of noncompliance was issued. One of 2 complaints were substantiated. Census: 33	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 interview and record review, the provider did not ensure written reports were submitted to the department within 3 working days following any incident or accident resulting in serious injury requiring hospital admission of Resident 1 and Resident 2. Resident 1 experienced an incident resulting in a fractured femur [leg bone] requiring hospitalization on 01/25/2024. Resident 2 experienced an incident resulting in a fractured lower leg requiring hospitalization on 01/08/2024. The findings include:	N 165		

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

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N 165	Continued From page 1 On 02/09/2024, the department received an allegation the provider had not submitted a written report of an incident or accident to the department experienced by a resident resulting in serious injury and hospitalization, as required. On 04/04/2024, Surveyor conducted an offsite review of the facility's file. No self-reports were received from the provider by the department since the provider's change of ownership occurred on 12/01/2023. On 04/09/2024 at approximately 9:15 A.M., Administrator A and Nurse Manager/Licensed Practical Nurse (LPN) B told Surveyor no written reports were submitted to the department following any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment since the provider's change of ownership occurred on 12/01/2023. Example 1: Resident 1 On 04/09/2024 at approximately 11:30 A.M., Nurse Manager/LPN B told Surveyor Resident 1 experienced a fall resulting in a fracture and hospitalization. Nurse Manager/LPN B told Surveyor Resident 1 did not return to the facility following this incident and no written report was submitted to the department following this incident. On 04/09/2024 at 12:17 P.M., Surveyor reviewed Resident 1's record as provided by Nurse Manager/LPN B. Resident 1 was admitted to the facility on 01/05/2024 with diagnoses including dementia and an anxiety disorder. Resident 1's temporary individual service plan (ISP) dated 01/05/2024 included Resident 1 required	N 165		

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N 165	Continued From page 2	N 165		

assistance with ambulation, toileting, maintaining bladder continence, and use of incontinence products.
Resident 1's incident report dated 01/25/2024 at 7:00 P.M. included Resident 1 experienced an unwitnessed fall. The documentation included, "Cg [caregiver] heard [Resident 1] hollering for help. [Caregiver] went to check on [Resident 1]. [Resident 1] was on the floor by bathroom in small hallway laying on [his/her] side. Worker [caregiver] asked [Resident 1] what happened. [Resident 1] stated [s/he] don't [sic] know but [s/he] crawled to where [s/he] was. [Caregiver] saw no blood or bruising at that time...[Resident 1] was in the bathroom. [Resident 1] fell and crawled to hallway and called out for help." The documentation included, "[Resident 1] said [his/her] leg hurts. [Caregiver] gave acetaminophen for pain. [Caregiver] continued to check on [Resident 1] 3 times but [s/he] didn't [sic] feel any better. [Caregiver] saw no visible changes. [Caregiver] called [Nurse Manager/LPN B] and felt it was best for [Resident 1] to get x-ray done due to [Resident 1] still having discomfort." Resident 1's "Nurse's Note" dated 01/26/2024 at 11:13 A.M. included, "[Writer] called [hospital] for update on [Resident 1]. [Resident 1] has been admitted with R [right] femur fx [fracture]."

Example 2: Resident 2

On 04/09/2024 at approximately 11:30 A.M., Nurse Manager/LPN B told Surveyor Resident 2 experienced a fall resulting in an open fracture of Resident 2's lower leg requiring hospitalization. Nurse Manager/LPN B told Surveyor Resident 2 was sent to a skilled nursing facility (SNF) following Resident 2's hospitalization and was discharged from the facility. Nurse Manager/LPN B told Surveyor no written report

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N 165	Continued From page 3	N 165		

was submitted to the department following this incident.

On 04/09/2024 at 11:48 A.M., Surveyor reviewed Resident 2's record as provided by Nurse Manager/LPN B. Resident 2 was admitted to the facility on 04/23/2023 with diagnoses including "overactive bladder" and low back pain. Resident 2's ISP effective on 12/22/2023 included Resident 2 required assistance with ambulation, toileting, use of incontinence products, and encouragement to call for assistance with mobility related to history of balance issues and falls. Resident 2's incident report dated 01/08/2024 at 12:51 P.M. included Resident 2 experienced an unwitnessed fall. The documentation included, "[Resident 2] was kind of weak and confused this morning. CNA [certified nursing assistant/caregiver] helped [him/her] to dress up and washed before breakfast." The documentation included, "At about 10:30 A.M., after [Resident 2] worked with physical therapist for a little while, [caregiver] pushed [him/her] back to her room [in wheelchair]...and asked if [s/he] had anything else need [caregiver] to help. [Resident 2] said no, and wanted [caregiver] to make sure closed the door. At 12:00 P.M., [caregiver] went to [Resident 2's] room to remind [him/her] it was time for lunch, found [him/her] fell [sic] on floor in [his/her] bathroom." The documentation included, "[Nurse Manager/LPN B] alerted that [Resident 2] was in need of care by aide. When [Nurse Manager/LPN B] arrived on scene, [Resident 1] was in [his/her] bathroom on the floor in a seated position, back up against wall. Both LE [lower extremities] straight out. [Resident 2] was talking. However, unable to descript [sic] what happened. LLE [left lower extremity] noted to have large open area to medial malleolus area [inner ankle]. 911 was

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N 165	Continued From page 4 called for EMS [emergency medical system] transport to ED [emergency department] for possible open fracture. Pressure remained on LLE til [sic] EMS arrived and taken over for care. [Resident 2] will be transported to [hospital] ED." Resident 2's "Nurse's Note" dated 01/10/2024 at 8:51 A.M. included, "[Resident 2's Legal Representative C] updated [Nurse Manager/LPN B] on [Resident 2's] condition. [Resident 2] has [sic] surgery night of incident. [Resident 2] fx [fractured] both tibula [sic; tibia], fibula [lower leg bones]. Rod was placed during surgery." On 04/09/2024 at approximately 3:00 P.M., Administrator A and Nurse Manager/LPN B told Surveyor no written reports were submitted to the department, as required, following Resident 1's and Resident 2's incidents resulting in serious injuries requiring hospitalization. Administrator A and Nurse Manager/LPN B told Surveyor neither were aware of this requirement. Summary: The provider did not ensure written reports were submitted to the department within 3 working days following any incident or accident resulting in serious injury requiring hospital admission treatment of Resident 1 and Resident 2.	N 165		