STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015204	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT PLYMOUTH III (THE)	**2586 VALLEY RD PLYMOUTH, WI 53073**

(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 09/24/2024, Surveyors conducted two (2) complaint investigations at Waterford at Plymouth III (#15204). As a result of the survey, the complaints were unsubstantiated and 1 deficiency was identified. Census: 29	N 000		
Y3235	50.09(1)(f) Privacy (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the privacy of each resident. Findings include: On 09/25/2024 at approximately 12:00 PM, Surveyors toured the facility and interviewed Resident 1. Resident 1 stated s/he did not feel	Y3235		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015204	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT PLYMOUTH III (THE)	**2586 VALLEY RD PLYMOUTH, WI 53073**

(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
Y3235	Continued From page 1 safe and does not like other people coming into his/her room. Surveyors asked if s/he locks his/her door and Resident 1 stated s/he does, but his/her key opens his/her neighbors' doors, and their keys open his/her door. Resident 1 gave his/her room key to Surveyors. Surveyors locked Resident 1's door and were able to unlock and open door with the key. Surveyors proceeded to check Resident 3's, Resident 4's, Resident 5's, Resident 6's and mechanical room doors. Resident 1's key unlocked each door. On 09/25/2024 at approximately 12:15 PM, Surveyors interviewed Resident 2. Resident 2 stated s/he is "creeped out everyone can come in" his/her room. Resident 1 provided Surveyors his/her key to check Resident 2's room and Resident 1's key unlocked Resident 2's room. Resident 2 stated s/he thinks other resident keys should not open his/her door. On 09/25/2024 at approximately 12:30 PM, Surveyors interviewed Executive Director (ED) A and Associate Administrator (AA) B. Surveyors asked about residents receiving keys to their rooms. AA B stated residents do have keys to their rooms. AA B stated staff have a master key and maintenance has the extra keys. Surveyors shared their observations with Resident 1's key opening Resident 2's, Resident 3's, Resident 4's, Resident 5's, Resident 6's and mechanical room doors. ED A and AA B were unaware the resident rooms were not keyed individually. The provider did not ensure the privacy of each resident by providing residents with keys specifically keyed to each individual room.	Y3235		