

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2025
NAME OF PROVIDER OR SUPPLIER DEFOREST PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 206 N MAIN STREET DE FOREST, WI 53532		
(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 From 01/06/2025 to 01/09/2025, Surveyor conducted 2 complaint investigations at DeForest Place, a CBRF in DeForest. One deficiency was identified. One complaint was substantiated. One complaint was unsubstantiated. Census: 20	N 000		
N 205	83.14(2)(j) Not permit a condition of substantial risk. The licensee may not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety or welfare of any resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the existence or continuation of any condition which did create a substantial risk to the health, safety or welfare of residents was prohibited. The provider did not have a plan to allow non-ambulatory residents to exit the 2nd level of the facility when the provider's elevator was not operating. Findings include: From 01/06/2025 to 01/09/2025, Surveyor conducted a complaint investigation alleging a resident had to have emergency medical services (EMS) assist him/her down the stairs due to the facility's elevator not operating.	N 205		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 205	Continued From page 1 On 01/06/2025 at approximately 10:45 a.m., Surveyor interviewed Caregiver B. Caregiver B stated the facility's elevator was not operational a few days the month prior. Caregiver B was unable to provide Surveyor with the dates the elevator was not operational but believed 1 repair was delayed because of a weekend and 1 repair was delayed due to parts needed. Caregiver B stated while the elevator was not operational caregivers served meals to non-ambulatory residents on the 2nd floor in the 2nd floor seating area. On 01/06/2025 at approximately 11:25 a.m., Surveyor interviewed Resident 1, who was observed using a wheelchair to mobilize throughout his/her room. Resident 1 confirmed the facility's elevator was not operational for a few days in December 2024 and that s/he was unable to go downstairs or leave the facility during that day. Resident 1 stated the arrangement was not ideal, but that s/he understood repairs took time. On 01/06/2025 at approximately 11:45 a.m., Surveyor interviewed Resident 2 and his/her family member (Person C). Resident 2 stated the facility's elevator broke down 3 times in December that s/he could recall, which presented challenges for Resident 2 to get to dialysis. Family Member C stated it seemed as though the provider just kept having "Band-Aid" fixes to the elevator. Family Member C stated s/he discussed concern that Resident 2 would not be able to leave the building without a functioning elevator with Administrator A and Administrator A stated, "[S/he] will have to miss dialysis." Resident 2 stated s/he ultimately acted him/herself and called the local EMS, who carried him/her down the facility's stairs on 12/03/2024 and 12/07/2024 so Resident 2 could get to dialysis. Resident 2 stated when s/he returned from dialysis on each	N 205		

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N 205	Continued From page 2 of those dates s/he was able to use the elevator to get back to his/her room because the first the time repairman was present and able to manually use the elevator and the second time the elevator had been repaired. Resident 2 stated s/he had an outstanding bill of \$800 due to the EMS calls. On 01/06/2025 at approximately 12:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 03/05/2021. Resident 2's record indicated s/he required assistance with personal cares, used a wheelchair for mobility and had dialysis every Tuesday, Thursday and Saturday. Resident 2's record included progress notes that documented the following: - 12/06/2024: Resident was upset that the elevator was down and not knowing how s/he would get to his/her appointment the next day. - 12/07/2024: Resident informed staff s/he will be calling EMS to get to his/her appointment. On 01/06/2025 at approximately 2:00 p.m., Surveyor interviewed Administrator A. Administrator A confirmed the facility's elevator was down a few times in December 2024, but stated s/he was unable to provide exact dates or invoices regarding the repairs due to a recent change with the management company. Surveyor asked if the provider had a plan in place for non-ambulatory residents residing on the 2nd floor during occurrences when the elevator was not operational in December 2024. Administrator A replied, "No. It had never happened before." Surveyor asked if they had a plan for non-ambulatory residents residing on the 2nd floor in the event the elevator was not operational in the future. Administrator A replied, "Yes. We will call EMS."	N 205			

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N 205	Continued From page 3 On 01/09/2024 at approximately 8:20 a.m., Surveyor followed up with Administrator A. Surveyor reviewed the resident roster, which indicated 10 of 11 residents residing on the 2nd floor of the facility used a walker or wheelchair for mobility. Surveyor confirmed Administrator A's plan for residents to get to the lower level should the elevator be out of operation in the future was to call EMS. Surveyor asked if Administrator A contacted the local EMS department to discuss this plan. Administrator A replied, "No, but I definitely can." Administrator A stated s/he would also keep this concern in mind when admitting residents to the 2nd floor of the facility in the future. The provider, which had 10 residents who required a walker or wheelchair for mobility residing on the 2nd floor and only 1 elevator to access the main level and exit the facility, did not have a plan in place to allow residents to access the entire facility and leave the building as needed in the event the elevator was not operational.	N 205		