STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018180	A. BUILDING: _____ B. WING _____	C 10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS	**3024 SOUTH BARTELLS DRIVE BELOIT, WI 53511**

(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 10/23/2025 to 10/31/2025, Surveyors conducted a complaint investigation at Willowick Moments, a CBRF in Beloit. One deficiency was identified. The complaint was unsubstantiated. Census: 22	N 000		
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 observation, record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed were updated when there was a change in the resident's needs, abilities or physical or mental condition. Resident 1's ISP was not updated to address fall	N 389		

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
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N 389	Continued From page 1 interventions/mobility that were put in place at the facility. Resident 2's ISP was not updated to include their medication management. Findings include: On 10/23/2025, Surveyors reviewed resident records and identified the following: Example 1-Resident 1 Resident 1 was admitted to the provider on 06/07/2025 with diagnosis including dementia and leukemia. Resident 1's ISP, dated 10/23/2025, documented the following fall risk interventions and mobility for Resident 1: -Fall Risk: "resident ambulates with no assistive devices independently. Resident recently moved in to the community and is currently adjusting to [his/her] surroundings." - "06.10.25 resident was found on the floor- staff to encourage resident to participate in activities and remain active and perform frequent checks 8.6.25 resident found on the floor - staff to check on resident before and during shift changes." -Mobility: "resident is active in the community and does not utilize any assistive devices. Resident ambulates with no assistive devices. Resident has a stable gait." On 10/23/2025 at approximately 12:30 p.m., Surveyors observed a fall mat in Resident 1's bedroom. Resident 1 also had a 4 wheeled walker and wheelchair located in his/her room.	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 389	Continued From page 2 On 10/23/2025 at approximately 12:55 a.m., Surveyors interviewed Caregiver C. Caregiver C stated that Resident 1's health had declined. Caregiver C stated that Resident 1 tries to walk on his/her own, but staff use a wheelchair for him/her. Surveyors observed Resident 1 in a wheelchair in the main living area watching tv. Resident 1's ISP was not updated to include his/her fall risk interventions and mobility status. Example 2-Resident 2: Resident 2 was admitted to the provider on 04/14/2023 with diagnosis including obesity. Resident 2's most recent ISP, dated 10/21/2025, documented the following for medication management: -Medication Management: "Needs assistance administering medications. 8.9.23 resident has no scheduled medications at this time. 8.9.23 resident will be compliant with any prn medications needed." On 10/23/2025 at approximately 1:30 p.m., Surveyors review Resident 2's medication administration record (MAR) from 09/01/2025 through 10/23/2025. The MAR indicated that Resident 2 was on the following scheduled medications: -Amlodipine Tab 5mg, Take 1 tablet by mouth once daily, Vitamin D3, Take 1 tablet by mouth ounce daily, and Biofreeze 4% gel with pump, Apply topically to affected area daily for pain On 10/23/2025 at 3:25 p.m., Surveyors interviewed	N 389		

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N 389	Continued From page 3 Executive Director A and LPN B regarding the above concerns. LPN B acknowledged Resident 1's fall interventions and mobility had not been updated in the ISP. LPN B stated that "the mat was put in [Resident 1's] room as a stepper to assist with [his/her] restless." LPN B stated that Resident 1 was dealing with a terminal illness, and his/her condition was changing on a regular basis. LPN B stated that Resident 2 had gone to the hospital back in July and had come back to the facility on medications. Executive Director A stated that the ISP had not been updated because there were some communication issues with the guardian regarding the medications. LPN B and Executive Director A stated that Resident 1 and Resident 2's ISP would be updated to reflect the changes.	N 389		