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 _____	R-C 05/13/2026

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 On 05/13/2026 Surveyor conducted a verification visit and standard survey at Willowick Moments, a CBRF in Beloit. Two deficiencies were identified. One is a repeat deficiency. See Statement of Deficiency (SOD) Q3RV11, dated 10/31/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 23	{N 000}		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and observation, the provider did not ensure the individual service plan (ISP) of 1 of 3 residents reviewed was followed. Resident 4's record indicated s/he had a lowered bed and fall mat as fall prevention. Observation indicated that Resident 4 did not have a lowered bed or fall mat in his/her room. Findings include: On 05/13/2026 at approximately 9:00 a.m., Surveyor observed Resident 4 in the dining area. Resident 4 had a bruise covering half of his/her face. Surveyor interviewed Caregiver C. Caregiver C stated that s/he heard that Resident 4 had a fall a few days ago but was not working that day. Caregiver C stated that Resident 4 used his/her wheelchair to get around the facility but	N 388		

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

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N 388	Continued From page 1 did have a few falls since moving in. On 05/31/2026, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's facility on 01/21/2026. Resident 4's ISP, dated 04/30/2026, indicated s/he was a fall risk. The ISP stated that Resident 4 had 7 falls since 02/13/2026. "On 04/16/2026, the ISP stated that hospice provided a fall mat. On 05/09/2026, the ISP stated that [Resident 4] had a fall out of recliner trying to get up - Care staff will assist [Resident 4] to bed lowered to floor." On 05/13/2026 at 12:00 p.m., Surveyor observed Resident 4's room. Surveyor noted that there was no floor mat in the room. Surveyor observed that the bed that Resident 4 was using could not be lowered to the floor. The bed was a black metal frame bed that could not be adjusted. On 05/13/2026 at approximately 1:00 p.m., Surveyor shared concern with staff following the ISP with Executive Director A. Executive Director A acknowledged after observing the bed for Resident 4, with Surveyor that the bed could not be adjusted and there was no fall mat in the room. Executive Director A stated that s/he will look into a bed that can be lowered and a fall mat as indicated in the ISP.	N 388		
{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	{N 389}		

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{N 389}	Continued From page 2 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 2's ISP was not updated to include their medication management. Resident 3's ISP was not updated to include their behavior management. This is a repeat deficiency. See Statement of Deficiency (SOD) Q3RV11, dated 10/31/2025. Findings include: On 05/13/2026, Surveyor reviewed resident records and identified the following: Example 1 - Resident 2: Resident 2 was admitted to the provider on 04/14/2023 with diagnosis including obesity. Resident 2's most recent ISP, dated 04/09/2026, documented the following for medication management:	{N 389}		

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{N 389}	Continued From page 3 -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 05/13/2026 at approximately 12:30 p.m., Surveyor review Resident 2's medication administration record (MAR) from 04/01/2026 through 05/12/2026. 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, Furosemide Tab 20mg, Take 1 tablet by mouth once daily, and Pantoprazole 40mg, Take 1 tablet twice daily. On 05/13/2026 at 1:00 p.m., Surveyor interviewed Executive Director A and LPN B regarding the above concerns. Executive Director A stated that the ISP had been updated on 04/09/2026. Executive Director A acknowledged that Resident 2's ISP still stated that Resident 2 had no scheduled medications at this time. Executive Director A stated that Resident 2's ISP would be updated to reflect the changes. Example 2 - Resident 3 Resident 3's ISP was not updated to address medication refusals. Findings include: On 05/13/2026 at approximately 10:30 a.m., Surveyor reviewed Resident 3's record. S/he was admitted to the facility on 08/01/2024. The Individual Service Plan (ISP), dated 04/09/2026,	{N 389}		

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{N 389}	Continued From page 4 documented the following behavior interventions and medication management for Resident 3: -Behavior Interventions: "Resident has verbal behaviors, physical behaviors, and refusals of cares from care staff. Resident also has verbal aggression at times" -Medication Management: "Needs assistance administering medications. Resident will receive assistance with medication administration daily through next review." On 05/13/2026 at approximately 11:00 a.m., Surveyor reviewed Resident 3's progress notes and MAR from 04/01/2026 through 05/12/2026. Surveyor observed that Resident 3 had medication refusals documented on the MAR. The MAR dated 04/01/2026 through 04/30/2026 documented 77 medication refusals. Surveyor observed that medication refusals were not documented in Resident 3's ISP behavior management or medication management sections. On 05/13/2026 at approximately 1:00 p.m., Surveyor interviewed Executive Director A regarding the amount of medication refusals and updating ISP to indicate the behavior. LPN D stated that Resident 3 did not want to discontinue any medications at this time. LPN D stated that Resident 3 often changed his/her mind about taking medications. Executive Director A acknowledged that Resident 3 had several medication refusals. Executive Director A stated that Resident 3's medication refusals will be added to the ISP.	{N 389}		