STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017129	A. BUILDING: _____ B. WING _____	C 12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEILLSVILLE RETIREMENT COMMUNITY	1211 LLOYD ST NEILLSVILLE, WI 54456

(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
U 000	INITIAL COMMENTS On 12/16/2025, Surveyor conducted 3 complaint investigations at Neillsville Retirement Community. Three of 3 complaints were substantiated. Five deficiencies were identified. Census: 18	U 000		
U 120	89.23(2)(b)1. SERVICES SUFFICIENT SERVICES. Staff to meet tenant needs. 1. The number, assignment and responsibilities of staff shall be adequate to provide all services identified in the tenants' service agreements. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure there was an adequate number of staff to provide services identified in Tenant 1's service agreement. Tenant 1 required 2 staff to provide positioning and assistance with transferring. The provider did not ensure there were 2 staff on the overnight shift to assist Tenant 3. Tenant 1 had a pressure injury on his/her buttocks. Findings include:	U 120		

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

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U 120	Continued From page 1 On 11/18/2025, the department received a complaint that alleged assistance with cares was not provided which had caused wounds to tenants. On 12/16/2025 at approximately 11:00 a.m., Surveyor interviewed Caregiver C and Caregiver D. Surveyor asked if any of the tenants had wounds. Caregiver D told Surveyor that Tenant 1 had a wound on his/her buttocks and s/he was dependent on staff for cares. On 12/16/2025, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the facility on 03/11/2025. Tenant 1's Service Agreement, dated 03/11/2025, read, in part: "Beginning on 3-11-25, [licensee] shall provide the following accommodations and services to you, subject to the other terms, limitations, and conditions contained in this Agreement. All exhibits to this Agreement are hereby incorporated by reference ... Assistance With Daily Living Activities - Through our team, [licensee] will make available to your specific assistance as needed with dressing, grooming, bathing, and other activities of daily living to the extent allowed by the law of the State. The level of assistance is determined by the [licensee] Resident Comprehensive Assessment, with the appropriate service rate applies as agreed to in Exhibit B." On 10/28/2025, Doctor of Nurse Practice (DNP) E ordered the following: Zinc oxide barrier cream to sores on buttocks with every toileting attempt. At least 3 times day	U 120		

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U 120	Continued From page 2 until healed. Offer toilet every 2-3 hours. An incident report, dated 11/08/2025, indicated staff was assisting Tenant 1 with transfer from the chair to the restroom, Tenant 1's leg gave out and Tenant 1 fell to the floor and injured his/her ankle. On 11/10/2025, a physician visit form indicated the following orders, in part: Transfer to a higher level of care secondary to worsening mobility issues. Frequent repositioning every 2 - 3 hours. Left leg elevation and offload coccyx wound. On 11/15/2025, Tenant 1 went to the emergency room after falling onto his/her fractured ankle. There was a handwritten note on the after visit instructions form the emergency room. The handwritten note read: "* 2 person Transfer Needed! * No Independent Transfers!" Tenant 1's comprehensive assessment, dated 11/24/2025, for a change in condition indicated the following: Requires 2-person full assistance with all dressing tasks. Requires regular assistance in managing bowel and/or bladder. Requires team assistance with the use of a commode. Requires the use of a Hoyer lift - Electric (2 person). Requires complete assistance with positioning in bed, wheelchair, standing, or other furniture. Team will be responsible to fully provide physical assistance to evacuate. Resident has had more than 1 fall in the last 3 months and assessed as a high risk. Every 2 hour checks.	U 120		

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U 120	Continued From page 3	U 120		

Tenant 1's, "Total Plan of Resident Care" dated 11/24/2025, indicated Tenant 1 required 2 to assist with positioning and had a non-weight bearing boot for his/her left foot. It also indicated s/he was a 2 person transfer with a Hoyer lift and had decubitus, which is an older term for pressure injury.

On 12/05/2025, DNP E ordered: "Apply Duoderm to pressure sores on bilateral buttocks. Change every 4 days and/or when soiled."

An incident report, dated 12/06/2025, indicated Tenant 1 had "Bleeding bed sores on both sides of butt cheeks."

On 12/11/2025, Tenant 1 documented a 30-day notice of discharging. The letter wrote in part: "I, [Tenant 1], currently reside in apartment [#]. Please consider this my 30 day notice to leave this facility. I have discussed this decision with my family and my doctor. All agree that staff are no longer able to meet my current physical needs. Untrained and limited staff have put me and staff in potentially harmful situations ..."

On 12/16/2025 at approximately 2:15 p.m., Surveyor interviewed Administrator A and asked what the staffing pattern was. Administrator A told Surveyor it was 2 staff on day shift, 2 staff on evening shift, and 1 staff on the overnight shift. Surveyor reviewed the employee schedule which indicated there was 1 staff scheduled from 10:00 p.m. to 6:00 a.m.

The provider did not ensure there was an adequate number of staff to provide services identified in Tenant 1's service agreement and comprehensive assessment. Tenant 2's assessment indicated s/he required assistance of

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U 120	Continued From page 4 2 with some of his/her activities of daily living, including transfers and positioning. Tenant 1 had a pressure injury on his/her buttocks.	U 120		
U 127	89.23(3)(f) SERVICES SERVICE QUALITY. Meals and snacks served to tenants shall be prepared, stored and served in a safe and sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared, stored, and served in a safe and sanitary manner. Findings include: On 11/10/2025 and 11/24/2025, the Department received complaints related to dietary services. On 12/16/2025 at approximately 10:45 a.m., Surveyor observed the provider's kitchen. Cook B was present in the kitchen. S/he was wrapping silverware in cloth napkins. Surveyor observed multiple dirty areas within the kitchen including the following: Food cart had debris and dried liquids of different colors on top of it. (Photo 1). Surveyor asked Cook B what the cart was used for. Cook B told Surveyor it was used to transport drinks from the kitchen out to the tables for the tenants. Cook B said, "I didn't get a chance to wipe it down." The inside of the microwave was splattered with	U 127		

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U 127	Continued From page 5 food debris, which covered the inside of the door and all inside areas of the microwave. (Photo 2 and Photo 3). The shelf in a lower cabinet was visibly dirty covering the entire bottom of the shelf. (Photo 4). The cupboard contained food spices and extracts, a slow cooker, and Coco Wheats. The shelves under the food prep area were visibly dirty. The shelves contained food items, such as flour in containers and pots and pans. (Photo 5 and Photo 6). On 12/16/2025 at approximately 3:30 p.m., Surveyor interviewed Administrator A. Surveyor explained observations of dirty areas in the kitchen. Administrator A said the kitchen was on his/her cleaning list. The provider did not ensure food was prepared, stored, and served in a safe and sanitary manner.	U 127		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 tenants reviewed (Tenant 1) had a negotiated risk agreement by the date of occupancy.	U 189		

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U 189	Continued From page 6 Findings include: On 12/16/2025, Surveyor reviewed Tenant 1's record. Surveyor did not locate a negotiated risk agreement between Tenant 1 and the provider. Tenant 1 was admitted to the facility on 03/11/2025. S/he had multiple prescriptions for anti-seizure medications including: lamotrigine and levetiracetam, indicating s/he had a seizure disorder. This was a condition which the provider should have known and could put the tenant at risk of harm or injury. On 12/16/2025 at approximately 3:07 p.m., Surveyor interviewed Administrator A and asked if Tenant 1 had any risk agreements. Administrator A said s/he did not think Tenant 1 had any risk agreements. Administrator A told Surveyor s/he started approximately 2 months ago and was in the process of reviewing records.	U 189		
U 211	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be updated when the tenant's condition or service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update risk agreements for 2 of 3 tenants reviewed (Tenant 1 and Tenant 2) when the tenant's condition changed as indicated by	U 211		

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U 211	Continued From page 7 the updated comprehensive assessment. Tenant 1 required an increase in assistance with mobility and transfers. Tenant 1 developed a pressure injury to his/her buttocks. Tenant 2 became incompetent, his/her power of attorney was activated, and s/he was enrolled in hospice care. Findings include: On 11/10/2025, the Department received a complaint with multiple allegations including a concern for the safety of tenants who appeared to have dementia. On 11/18/2025, the Department received a complaint that alleged tenants were not being provided with the necessary cares and tenants were developing wounds. TENANT 1 On 12/16/2025, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the facility on 03/11/2025. His/her "Total Plan of Resident Care" dated 03/11/2025, indicated Tenant 1 was ambulatory with a walker, could position self, and had routine skin care. Tenant 1's comprehensive assessment, dated 11/24/2025, for a change in condition indicated the following: Requires 2-person full assistance with all dressing tasks. Requires regular assistance in managing bowel and/or bladder. Requires team assistance with the use of a	U 211		

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U 211	Continued From page 8	U 211		

commode.
Requires the use of a Hoyer lift - Electric (2 person).
Requires complete assistance with positioning in bed, wheelchair, standing, or other furniture.
Team will be responsible to fully provide physical assistance to evacuate.
Resident has had more than 1 fall in the last 3 months and assessed as a high risk.
Every 2 hour checks.

Tenant 1's, "Total Plan of Resident Care" dated 11/24/2025, indicated Tenant 1 required 2 to assist with positioning and had a non-weight bearing boot for his/her left foot. It also indicated s/he was a 2 person transfer with a Hoyer lift and had decubitus, which is an older term for pressure injury.

On 12/16/2025 at approximately 3:07 p.m., Surveyor interviewed Administrator A and asked if Tenant 1 had any risk agreements. Administrator A said s/he did not think Tenant 1 had any risk agreements. Administrator A told Surveyor s/he started approximately 2 months ago and was in the process of reviewing records.

TENANT 2
On 12/16/2025 at approximately 11:05 a.m., Surveyor interviewed Caregiver F and asked if any of the tenants had dementia. Caregiver F told Surveyor Tenant 2 had dementia.

On 12/16/2025 at approximately 11:25 a.m., Surveyor interviewed Tenant 2 in his/her apartment. Surveyor was unable to carry a conversation with Tenant 2 due to Tenant 2's inability to understand. Surveyor observed Tenant 2 was in his/her recliner, which had an alarm.

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U 211	Continued From page 9 On 12/16/2025 at approximately 12:15 p.m., Surveyor observed staff assisting Tenant 2 to eat. On 12/16/2025, Surveyor reviewed Tenant 2's record. Tenant 2 was admitted to the facility on 11/01/2023. His/her service agreement was signed by Tenant 2. Tenant 2's comprehensive assessment, dated 06/20/2024, indicated Tenant 2 was independent with the following activities of daily living: showers, dressing, oral care, grooming, toileting, ambulation with a 4 wheel walker, transfers, positioning, evacuation, and eating. Tenant 2 was not a risk for falls. S/he was identified as being forgetful and needing occasional reminders. Tenant 2 had a negotiated risk agreement for risk for falls, dated 06/20/2024, if s/he did not use his/her 4 wheeled walker. S/he also had a negotiated risk agreement, dated 06/20/2024, for unsupervised showers. These risk agreements were signed by Tenant 2 and the provider. Tenant 2's comprehensive assessment, dated 11/10/2025, indicated Tenant 2 was on hospice, s/he required full assistance from 1 staff with the following: showers, dressing, oral care, transfers, evacuation, and eating. Tenant 2 had more than 1 fall in the last 3 months and was assessed as a high risk for falls. S/he had a bed and chair alarm. The assessment read, in part: "Resident requires constant redirection and one-hour check which is deemed as a safety issue. (Resident requires a transition to a Memory Care Community)." Tenant 2's hospice comprehensive assessment, dated 11/18/2025, indicated Tenant 2 was	U 211		

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U 211	Continued From page 10 enrolled into hospice on 08/04/2025. The assessment read, in part: "DECLINE/SYMPTOM MANAGEMENT AND MED (medication) CHANGES SINCE LAST IDG (interdisciplinary group): WORSENING MEMORY/COGNITION, WORSENING DEMENTIA, SLEEPING MORE, DECREASED APPETITE MUST BE CUED TO EAT, EATING 25-50% OF 2-3 MEALS DAILY [family member] IS VERY CONCERNED ABOUT PATIENT NOT RECEIVING ADEQUATE CARE AT CURRENT ALF (assisted living facility) ..." There were no updated negotiated risk agreements in Tenant 2's record. Surveyor could not locate documentation in Tenant 2's record as to when s/he was declared incompetent, and his/her power of attorney became activated. On 12/16/2025 at approximately 3:07 p.m., Surveyor asked Administrator A when Tenant 2's power of attorney was activated. At approximately 3:18 p.m., Administrator A told Surveyor that s/he was told by hospice it was activated on 08/04/2025. Administrator A did not locate any additional risk agreements for Tenant 2. Administrator A told Surveyor s/he started approximately 2 months ago and was in the process of reviewing each tenant's record. The provider did not update risk agreements for Tenant 1 and Tenant 2 when they had significant changes in condition.	U 211		
U 226	89.29(2)(b) 3. ADMISSION & RETENTION OF TENANTS (2) RETENTION. (b) A residential care apartment	U 226		

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U 226	Continued From page 11 complex may retain a tenant who becomes incompetent or incapable of recognizing danger, summoning assistance, expressing need or making care decisions, provided that the facility ensures all of the following: 3. That both the service agreement and risk agreement are signed by the guardian and by the health care agent or the agent with power of attorney, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider retained a tenant, Tenant 2, after Tenant 2 was declared incompetent. The provider did not ensure Tenant 2 had a risk agreement signed by Tenant 2's activated power of attorney. Findings include: On 11/10/2025, the Department received a complaint with multiple allegations including a concern for the safety of tenants who appeared to have dementia. On 12/16/2025, Surveyor reviewed Tenant 2's record. Tenant 2 was admitted to the facility on 11/01/2023. Tenant 2's comprehensive assessment, dated 11/10/2025, indicated Tenant 2 had significant change in condition. It read, in part: ""Resident requires constant redirection and one-hour check which is deemed as a safety issue. (Resident requires a transition to a Memory Care Community)."	U 226		

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U 226	Continued From page 12 Surveyor could not locate documentation in Tenant 1's record as to when s/he was declared incompetent, and his/her power of attorney became activated. There were no updated negotiated risk agreements in Tenant 2's record to indicate his/her changes in condition. On 12/16/2025 at approximately 3:07 p.m., Surveyor asked Administrator A when Tenant 2's power of attorney was activated. At approximately 3:18 p.m., Administrator A told Surveyor that s/he called hospice and was told it was activated on 08/04/2025. Administrator A did not locate a negotiated risk agreements with Tenant 2's activated power of attorney to retain Tenant 2 as tenant. Administrator A told Surveyor s/he started approximately 2 months ago and was in the process of reviewing and updating each tenant's record. The provider retained Tenant 2 after s/he was declared incompetent and did not have a negotiated risk agreement with Tenant 2's activated power of attorney. Cross Reference U0211 DHS 89.28(6) Risk Agreement	U 226		