STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019169	A. BUILDING: _____ B. WING _____	C 11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMBS CREEK WEST AFH LLC	**N8855 464TH ST BOYCEVILLE, WI 54725**

(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
M 000	INITIAL COMMENTS On 10/26/2023, Surveyor conducted a complaint investigation at Lambs Creek West AFH LLC. Data for this survey was received and reviewed through 11-03-2023. The complaint was substantiated. On deficiency was identified. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the department within 24 hours, a significant change in Resident 1's condition, which resulted in Resident 1 being hospitalized. Findings include: On 08/17/2023, the Department received a complaint alleging a resident was hospitalized on	M 134		

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

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M 134	Continued From page 1	M 134		

08/04/2023 due to poor bowel management.

On 10/26/2023 at approximately 1:00 PM, Surveyor reviewed the file for Resident 1. Resident 1 is non-verbal and diagnosed with cerebral palsy. Resident 1's file contained a bowel protocol and Resident 1 was being monitored for bowel care, including each day Resident 1 had a bowel movement. The file contained information of staff charting , the size and amount of bowel movement on a calendar. Staff noted symptoms associated with Resident 1 and whether or not an as needed medication was used to assist Resident 1 in having a bowel movement. The calendar indicated Resident 1 had two small bowel movements and one large bowel movement on 08/04/2023.

On 10/26/2023 at approximately 1:40 PM, Surveyor interviewed Licensee A. Licensee A confirmed that on 08/04/2023, and a day prior, Resident 1 was moaning and vocalizing. Licensee A stated Resident 1 did that when s/he was in pain. Licensee A stated Resident 1 was coughing and sweating through his/her clothing. Licensee A also stated that when Resident 1 was taken to be showered, staff noted his/her stomach was "sticking out" and was very hard when pressed on. Licensee A stated Resident 1 did receive bowel care and did produce three bowel movements on 08/04/2023. The decision to send Resident 1 to the hospital was made by Resident 1's legal representative and Licensee A after Licensee A explained the change of condition to Resident 1's legal representative.

Surveyor asked Licensee A if s/he thought Resident 1's condition prior to being hospitalized was a change of condition for Resident 1. Licensee A stated Resident 1 had been

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M 134	Continued From page 2 hospitalized in the past but it had been a long time since Resident 1's condition demanded hospitalization and hospitalization was very rare. Surveyor asked Licensee A if s/he reported the incident to the department. Licensee A stated s/he was not aware of the necessity of reporting the situation when Resident 1's condition changed and then stated Resident 1's change of condition and hospitalization should have been reported to the department. The provider did not report to the department within 24 hours a significant change in Resident 1's condition that resulted in an emergency hospitalization for Resident 1.	M 134		