STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017088	A. BUILDING: _____ B. WING _____	C 06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING PEWAUKEE WEST	N26W26511 COLLEGE AVE PEWAUKEE, WI 53072

(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 06/18/2025, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at Dimensions Living Pewaukee West located at N26W26511 College Aveune in Pewaukee, WI. One citation of noncompliance was issued. The complaint was unsubstantiated. Census: 13	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 1, Resident 1's Family Member D, and Resident 1's case management team were involved and/or	N 387		

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N 387	Continued From page 1	N 387		

invited to participate in developing and signing Resident 1's individual service plan [ISP].

The findings are:

On 06/18/2025 at 9:46 A.M., Administrator A told Surveyor s/he started at the facility on 06/12/2025, as part of the new management team.

On 06/18/2025 at 10:19 A.M., Surveyor conducted an interview with Resident 1. Resident 1 told Surveyor s/he was admitted to the facility approximately 3 to 4 months prior and required use of a walker to ambulate independently. Resident 1 said s/he required the assistance of 1 caregiver to complete his/her shower cares twice weekly and had a call pendant to summon caregivers, when needed. Resident 1 said the caregivers were responsible for administering all of his/her medications and providing his/her meals. Resident 1 told Surveyor s/he was responsible for making his/her own health care decisions with the help of his/her two family members, including Family Member D. Resident 1 told Surveyor s/he was aware a new management team recently started working at this facility and several changes in services had been implemented as result. Resident 1 told Surveyor s/he and his/her publicly funded case management team had a meeting with the new facility management team to discuss care needs and care concerns, but s/he did not recall reviewing and signing an ISP at that time. Resident 1 could not recall when the meeting occurred.

On 06/18/2025 at 10:50 A.M., Facility Nurse B told Surveyor s/he started at the facility on 05/30/2025, as part of the new management

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N 387	Continued From page 2 team. On 06/18/2025 at 12:30 P.M., Surveyor was provided Resident 1's record, including Resident 1's ISP, as requested from Administrator A and Facility Nurse B. Resident 1 was admitted to the facility on 01/31/2025. Administrator A provided Surveyor with Resident 1's ISP dated 04/09/2025 and without required signatures. Administrator A told Surveyor Resident 1's ISP had not been completed and signed as of this day. Administrator A said s/he would need to set up a time for a meeting with Resident 1 and Resident 1's family members to review the ISP. Administrator A told Surveyor s/he was aware of this noncompliance regarding Resident 1's ISP and other current resident ISPs. Administrator A said s/he and Facility Nurse B were currently working on this noncompliance and getting these reviews set up. On 06/18/2025 at 12:47 P.M., Vice President of Clinical Services and Health Informatics (V.P.) C, with the current management company, told Surveyor the current management company started at the facility on 04/01/2025. V.P. C told Surveyor s/he was aware of the current ISP noncompliance at this facility and met with Facility Nurse B following his/her start on 05/30/2025 to ensure ISPs were reviewed, completed, and signed by appropriate parties. On 06/18/2025 at 12:52 P.M. Administrator A provided Surveyor with a document dated 06/18/2025 and electronically signed by Facility Nurse B including, "Note text: Spoke with [Family Member D], ISP meeting is 06/26/2025 @ [at] 11:30 A.M." On 06/18/2025 at 1:49 P.M., Surveyor observed	N 387		

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N 387	Continued From page 3 Family Member D visiting Resident 1 in Resident 1's room. Family Member D told Surveyor s/he had been notified of the meeting set up on 06/26/2025 to review Resident 1's ISP.	N 387		