STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020446	A. BUILDING: _____ B. WING _____	C 03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH CREST	**2225 EAGLE SUMMIT STEVENS POINT, WI 54482**

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N 000	Initial Comments On 03/09/2026, Surveyors conducted a standard survey and complaint investigation at North Crest. As a result one deficiency was identified and the complaint was substantiated. Census: 20	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, interview and record review the provider did not update a resident's individual service plan (ISP) based on assessment or when there were changes in the resident's needs, abilities or physical or mental condition. Resident 1's ISP was not updated to reflect Resident 1's current mobility status, fall risk factors or fall prevention interventions after s/he experienced eleven (11) falls within six months. In addition, Resident 1's ISP was not updated to	N 389		

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

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N 389	Continued From page 1 reflect the resident's risk for suicide or sexually inappropriate behaviors. Findings include: On 03/09/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 04/11/2024 with diagnoses to include diabetes, hypertension and seizure disorder. Mobility/Falls On 03/09/2026, Surveyor reviewed Resident 1's most current ISP dated 03/09/2026 which indicated, "Resident is a fall risk and requires staff to monitor to ensure safety...Resident has currently had falls. Has gait issues and is being helped by PT (Physical Therapy). Four (4) wheeled walker...Ambulation/Transferring-Independent..." On 03/09/2026, Surveyor observed Resident 1 to be utilizing a wheelchair for mobility during the day. On 03/09/2026 at 9:30 AM, Surveyor interviewed Resident 1. Resident 1 indicated s/he has been utilizing the wheelchair for mobility and stated, "I have to use a wheelchair to get around now because I keep falling...I've been using the wheelchair for a while now." On 03/09/2026 at 10 AM, Surveyor and Caregiver C discussed Resident 1's needs. Caregiver C stated Resident 1 was now using a wheelchair as his/her primary mobility device. Caregiver C stated, "[Resident 1] was having a lot of falls and [his/her] legs give out, so therapy has been having [him/her] use the wheelchair to get around for the past few months."	N 389		

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N 389	Continued From page 2 On 03/09/2026 at 3:10 PM, Surveyor interviewed Caregiver D regarding Resident 1. Caregiver D indicated Resident 1 has had a lot of falls and stated, "[Resident 1] doesn't use a walker anymore, [s/he] has been using a wheelchair for all mobility since November 2025." On 03/09/2026, Surveyor reviewed Resident 1's PT notes. Resident 1's PT notes indicated the resident has been receiving PT services since 08/21/2025 and indicated the following, ~01/07/2026- "Orders/Recommendations: Continue with wheelchair." ~01/13/2026- "Orders/Recommendations: Use legs often to propel chair for strengthening." ~02/20/2026- "Orders/Recommendations: Continue to use wheelchair for primary source of mobility." On 03/09/2026, Surveyor reviewed Resident 1's fall incident reports. Resident 1 had eleven (11) falls between 09/07/2025-02/16/2026, with no major injuries. Ten of the 11 falls were unwitnessed and occurred in varies locations throughout the facility. Resident 1's ISP was not updated with the use of a wheelchair for mobility, fall risk factors or fall prevention interventions to reduce/prevent falls. On 03/09/2026 at approximately 4 PM, Surveyors, Administrator A and Compliance Manager B discussed Resident 1's mobility status, falls and ISP interventions/updates. Administrator A and Compliance Manager B acknowledged Resident 1's most current ISP dated 03/09/2026 had not been updated to include the use of the wheelchair for mobility, fall risk factors or interventions.	N 389		

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N 389	Continued From page 3 Suicide Risk A pre-admission health assessment for Resident 1, dated 04/09/2024, identified Resident 1 had a history of a suicide attempt "Overdosed self on pills." A "Hospital Rehab" report dated 04/01/2024 and located in Resident 1's record indicated, "Medication Overdose resulting in altered mental status and respiratory failure regarding intubation. Date of Onset- 03/10/2024...[Resident 1] was admitted to the ED (Emergency Department) after an intentional ingestion of carbamazepine, estimated to be 20-40 pills, in a suicide attempt. Notably [Resident 1] has a history of prior suicide attempts, making this event particularly concerning..." A "Psychiatry Follow Up" report dated 01/12/2026 and located in Resident 1's record indicated, "Risk Assessment- History of several suicide attempts by jumping off a bridge; denies history of self-injurious behaviors. Currently exhibiting behavioral dysregulation and defiance towards safety precautions..." On 03/09/2026, Surveyor reviewed Resident 1's most current ISP dated 03/09/2026 which indicated, "Suicidal tendencies-Not Applicable." Additionally, Resident 1's ISP did not indicate the resident had a history of suicide attempts nor did the ISP identify services/approaches staff were to use to manage potential harmful behaviors and/or mental health needs. On 03/09/2026 at approximately 4 PM, during the exit conference, Surveyors shared the above information with Administrator A and Compliance Manager B. Administrator A confirmed having	N 389		

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knowledge of Resident 1's past history of suicide attempts and verified the information was not in Resident 1's ISP. Administrator A and Compliance Manager B also verified Resident 1's ISP did not identify Resident 1's needs, desired outcomes, program services, frequency and approaches staff would provide to address Resident 1's risk for suicide or potential harmful behavior.

Sexual Behaviors

On 03/09/2026, Surveyor reviewed Resident 1's observation notes from 07/14/2025 through 03/09/2026. The following was noted:

~07/14/2025- "Staff heard [Resident 1] ask [Former Resident 2] to come and sit in [his/her] room. Staff went to observe what was happening. Staff saw [Resident 1] with hands on [Former Resident 2's] thigh and going higher. It also looked like [Former Resident 2] was trying to push [Resident 1's] hands away. Staff asked [Former Resident 2] to leave...[Resident 1] was frequently searching out [Former Resident 2]...Staff heard [Resident 1] say [s/he] wanted to get into [Former Resident 2's] pants...Spoke with [Resident 1] told [him/her] not to search nor touch [Former Resident 2]...Staff and [Administrator A] will monitor..."

~07/21/2025- "[Resident 1] was seen going down to [Resident 3's] room...[Resident 1] was seen leaning into [Resident 3's] room while sitting on [his/her] walker. Staff asked [Resident 1] what [s/he] was doing and [Resident 1] replied nothing....Staff talked to [Resident 3] and [s/he] stated [Resident 1] was touching [her/his] knee and said something really inappropriate to [her/him]...[Resident 3] stated [s/he] does not

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want [Resident 1] coming to [her/his] room to talk...Staff instructed."

~09/04/2025- "As staff was walking past [Resident 1's] room they observed [Former Resident 2] sitting on the corner of [Resident 1's] bed. [Resident 1] had one hand around [Former Resident 2's] waist and [his/her] other hand was up between [Former Resident 2's] thighs...Staff removed [Former Resident 2] from [Resident 1's] room..."

~09/11/2025- "[Resident 1] was warned about searching out fe/male residents and touching them."

A "Behavioral Evaluation" completed for Resident 1 on 11/10/2025 indicated, "Sexuality and Intimacy- Individual shows signs of inappropriate verbal sexual comments and can be redirected."

On 03/09/2026 at 10:15 AM, Surveyor ask Caregiver C about the above incidents with Resident 1. Caregiver C verified the incidents between Resident 1 and Former Resident 2 did happen and stated, "[Former Resident 2] is no longer here, but when [s/he] was here [Resident 1] would try to lure [Former Resident 2] into [his/her] room...Staff were told to keep a close eye on [Resident 1]."

On 03/09/2026 at 2:55 PM, Surveyor interviewed Resident 3 regarding Resident 1. Resident 3 stated, "[Resident 1] has been sexual inappropriate with me in the past...Months ago [Resident 1] was outside my bedroom door and [s/he] was touching my leg and said to me "Can I finger [explicit] you." I told [Resident 1] of course not and to leave. [Resident 1] did leave and hasn't come back to my room since."

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N 389	Continued From page 6 On 03/09/2026, Surveyor reviewed Resident 1's most current ISP dated 03/09/2026 which indicated, "[Resident 1] is polite and friendly towards peers and likes to engage in conversation." Resident 1's ISP did not indicate the resident's inappropriate verbal/physical sexual behaviors nor did the ISP identify services/approaches staff were to use to manage sexual behaviors. On 03/09/2026 at approximately 4 PM, Surveyors, Administrator A and Compliance Manager B discussed Resident 1's sexual behaviors and ISP interventions/updates. Administrator A and Compliance Manager B acknowledged Resident 1's most current ISP dated 03/09/2026 had not been updated to include verbal and physical sexual behaviors or interventions. Administrator A stated, "Our plan has been to keep an eye on [Resident 1] and supervise [Resident 1] when [s/he's] out of [his/her] room, but we didn't put it in [his/her] ISP."	N 389		