Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015112	A. BUILDING: _____ B. WING _____	C 06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADELAIDE PLACE	478 W ARNDT ST FOND DU LAC, WI 54935

(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 06/23/2025, Surveyor conducted 2 complaint investigations at Adelaide Place, a CBRF located in Fon Du Lac, WI. As a result of the investigation, 1 violation of Chapter DHS 83 was issued. One complaint was substantiated. One complaint was unsubstantiated.	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an assessment of Resident 1 after a fall. Resident 1 fell on 01/16/2025 and was not assessed until 01/20/2025. Resident 1 was ultimately diagnosed with a hip/pelvic fracture. Findings include:	N 381		

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

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N 381	Continued From page 1 On 06/23/2025 at 9:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted 12/12/2024. On 06/23/2025 at 9:30 AM, Surveyor reviewed Resident 1's pre-admission assessment dated 11/27/2024 which indicated Resident 1 was a fall risk, uses a wheelchair and/or walker for ambulation, is a 1 assist with a gait belt for transfers, and 1 assist for bathing and dressing. On 06/23/2025 at 9:40 AM, Surveyor reviewed Resident 1's progress notes that indicated the following: 01/16/2025 at 4:33 PM- Resident 1 was assisted to bathroom by staff. Resident 1 was instructed to place hands on bar for safety. Resident 1 did not follow instructions and fell into the shower onto the right side of body. Resident was helped up by staff. 01/16/2025 at 8:30 PM- Resident 1 was having a hard time transferring. Resident 1 stated was afraid to fall and stiffened up. Resident 1 was now a 2 person assist with gait belt for transfers. 01/18/2025 at 4:59 PM- Resident 1 has been calling out "please come here, help me, and family" Staff toileted, repositioned and attempted 1:1 time with Resident 1. As needed (prn) Lorazepam was administered. 01/18/2025 at 6:49 PM- Resident 1 continued to yell out, "Please take me home." Resident 1 required 2 person assist and gait belt for transfers and would not bed any of his/her limbs. Resident 1 continued to grab staff and scream. Resident 1 would yell out that s/he was in pain but could not vocalize where pain was coming from.	N 381		

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N 381	Continued From page 2 01/19/2025 at 11:22 AM- Resident 1 was unable to bear weight and complained of right hip pain. Staff recommended to Resident 1's family that s/he be transported to hospital via ambulance. Family refused and brought Resident 1 to hospital in personal vehicle. 01/19/2025 at 6:02 PM- Resident 1 was admitted to the hospital with diagnoses of a pelvic fracture and sacrum fracture. On 06/23/2025 at 10:00 AM, Surveyor reviewed staff witness statements. Caregiver B wrote a statement dated 02/19/2025 that stated that on 01/19/2025 s/he went into Resident 1's room to assist Resident 1 to bathroom. Statement indicated that Resident 1 was unable to bear weight on their own and took 2 staff to transfer Resident 1 to wheelchair. Statement indicated that Resident 1 was yelling out in pain during transfer. On 06/23/2025 at 10:00 AM, Surveyor reviewed Resident 1's fall assessment dated 01/20/2025 written by Nurse C. Nurse C wrote that on 01/16/2025 Resident 1 was being assisted to the bathroom and fell into the shower and struck the right side of body. Vitals were taken at that time, but no pain assessment conducted. On 06/23/2025 at 10:15 AM, Surveyor interviewed Administrator A. Surveyor asked Administrator A if the assessment conducted on 01/20/2025 was the first assessment conducted after Resident 1's fall on 01/16/2025. Administrator A searched files and stated, "that is the only assessment we have, so it must be the first." Administrator A stated the behaviors displayed (yelling out, grabbing staff) by Resident	N 381		

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N 381	Continued From page 3 1 were very common. Surveyor asked if Resident 1 was resistive to staff during transfers. Administrator A confirmed that they usually were not so that was a change.	N 381		