STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017530	A. BUILDING: _____ B. WING _____	R-C 07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE OF OAK CREEK	**155 W SUNNYVIEW DR OAK CREEK, WI 53154**

(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 07/29/2025, Surveyor completed a standard survey, 3 verification visits, and 2 complaint investigations at Cornerstone of Oak Creek. Statement of Deficiency (SOD) 9VS211 and SOD DE6U12 were corrected. Two of 2 deficiencies were corrected for SOD RFZJ11. A total of 2 new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 35	{U 000}		
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 complete a signed, jointly negotiated risk agreement with each tenant by the date of occupancy for 2 of 2 tenants. Tenant 3 and Tenant 4 did not have risk agreements completed by date of occupancy. Findings include: On 07/29/2025, at approximately 10:30 AM, Surveyors reviewed Tenant 3's records. Tenant 3 was admitted to the facility on 01/29/2024. Tenant 3's Pre Admission Assessment dated 01/10/2024, identified Tenant 3 had diagnoses of cognitive	U 189		

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

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U 189	Continued From page 1	U 189		

communication deficit, hypertension, type 2 diabetes without complications, hearing loss, kidney failure, and difficulty walking. The pre-admission mental emotional and level of awareness section, identified Tenant 3 was depressed, forgetful, with a moderate impairment of frequent confusion and memory loss. The social participation section identified Tenant 3 needed daily reminders and supervision getting to and from activities. The capacity for self-direction section, identified Tenant 3 reported Tenant 3 was not able to recognize when to make decisions. Tenant 3's fall and safety risk evaluation, dated 07/17/2025, identified Tenant 3 had dementia/Alzheimer's disease, utilization of a walker, hearing loss, with a history of 2 falls. The fall risk identified Tenant 3 was a wanderer and had a decline in health due to dementia. Fall risk interventions identified Tenant 3 needed 1-hour checks. Tenant 3 had 1 risk agreement, dated 07/29/2025, as Tenant 3 was found in the facility parking lot in the supine position by a staff member. Tenant 3 did not have an original risk agreement completed upon occupancy.

On 07/29/2025, at approximately 12:30 PM, Surveyors reviewed Tenant 4's records. Tenant 4 was admitted to the facility on 01/31/2020. Tenant 4 was his/her own person. Tenant 4 was independent with all cares upon admittance to the facility. Tenant 4's Comprehensive Assessment, dated 04/14/2025, identified Tenant 4 had diagnoses of major depressive disorder, anemia, vitamin B12 deficiency, vitamin D deficiency, and a new lung cancer diagnosis. Tenant 4 had a change of need in services on 03/11/2025. Tenant 4 required staff assistance with bathing, grooming, laundry, and meal delivery to his/her room. Tenant 4's record did not contain an original risk agreement upon occupancy or an

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U 189	Continued From page 2 updated risk agreement to reflect change in service needs due to Tenant 4's declining health. On 07/29/2025, at approximately 2:00 PM, Surveyors interviewed Executive Director A and Assistance Executive Director D. Surveyors requested why an original risk agreement was not on file for Tenant 3 and Tenant 4. Executive Director A reported s/he was not aware of the code requirement for completing risk agreements upon admittance to the facility. Executive Director A reported s/he thought the risk agreements were to be completed when there was a significant change in health identified for residents. Surveyors as if there was a Risk Agreement on file for Tenant 4 due to change in service needs. Executive Director A reported Tenant 4 received a lung cancer diagnosis and was at the facility for a few days before s/he moved to outpatient hospice. Executive Director A reported Tenant 4 did not have significant changes upon returning to the facility after being diagnosed with lung cancer. Assistant Executive Director D reported Tenant 4 received a significant amount of assistance from the staff after Tenant 4 received his/her lung cancer diagnosis on 03/11/2025. Executive Director A and Assistant Executive Director D could not provide an answer as to why a risk agreement was not completed for Tenant 4 at the time of change in service needs. Surveyors provided Executive Director A and Assistant Executive Director D with the state code requirement for risk agreements.	U 189		
U 221	89.29(1)(b) ADMISSION & RETENTION OF TENANTS (1) ADMISSION. No residential care apartment complex may admit any of the	U 221		

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U 221	Continued From page 3	U 221		

following persons, unless the person being admitted shares an apartment with a competent spouse or other person who has legal responsibility for the individual:

(b) A person who has an activated power of attorney for health care under ch. 155, Stats.
This Rule is not met as evidenced by:
Based on record review and interview, the provider admitted 1 of 1 tenant (Tenant 3) with an activated power of attorney for health care.

Findings include:

On 07/29/2025, at approximately 10:30 AM, Surveyors reviewed Tenant 3's records. Tenant 3 was admitted to the facility on 01/29/2024. Tenant 3's records contained an activated power of attorney document. The document was signed and dated 04/14/2014. The power of attorney document contained a signature from a physician and a psychologist.

Tenant 3's Pre Admission Assessment, dated 01/10/2024, identified Tenant 3 had diagnoses of cognitive communication deficit, hypertension, type 2 diabetes without complications, hearing loss, kidney failure and difficulty walking. The pre-admission mental emotional and level of awareness section, identified Tenant 3 to was depressed, forgetful, with a moderate impairment of frequent confusion, and memory loss. The social participation section identified Tenant 3 needed daily reminders and supervision getting to and from activities. The capacity for self-direction section, identified Tenant 3 reported Tenant 3 was not able to recognize when to make decisions. Tenant 3's fall and safety risk evaluation, dated

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U 221	Continued From page 4 07/17/2025, identified Tenant 3 to have dementia/Alzheimer's disease, utilization of a walker, hearing loss, with a history of 2 falls. The fall risk identified Tenant 3 was a wanderer and had a decline in health related to dementia. Fall risk interventions identified Tenant 3 needed 1-hour checks. On 07/29/2025, at approximately 2:00 PM, Surveyors interviewed Executive Director A and Assistant Executive Director D. Surveyors asked Executive Director A and Assistant Executive Director D if they were familiar with the code requirement for accepting residents with an activated power of attorney. Executive Director A and Assistant Executive Director D reported the facility is not allowed to accept anyone with an activated power of attorney. Surveyors asked why Tenant 3 was admitted to the facility with an activated power of attorney. Assistant Executive Director D reported Tenant 3 was de-activated at the time of admission. Surveyors asked if there was documentation on file to reflect the de-activation power of attorney. Assistant Executive Director D reported "it should have been in the record." Executive Director A and Assistant Executive Director D did not provide documentation of Tenant 3's power of attorney de-activation.	U 221		