STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019689	A. BUILDING: _____ B. WING _____	C 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE CREEK PLACE III	5117 N CHERRYVALE AVE APPLETON, WI 54913

(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 11/05/2025, with additional information gathered through 11/06/2025, Surveyors conducted a complaint investigation and standard survey at Apple Creek Place III. The complaint was substantiated. One deficiency was identified. Census: 19	N 000		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure Resident 1 and Resident 2 received adequate and appropriate care within the capacity of the facility. Facility staff did not respond to residents' needs without delay.	Y3244		

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

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Y3244	Continued From page 1 Resident 1 waited over 30 minutes for facility staff to assist Resident 1. Resident 2 waited over 30 minutes for facility staff to assist Resident 2. Facility staff did not monitor residents' call lights. Findings include: The provider is a class CNA (non-ambulatory) CBRF licensed to provide services for up to 22 residents who may be terminally ill, of advanced age, and/or have Alzheimer's/dementia. On 08/28/2025, the department received complaint information alleging residents were not being assisted with care needs without delay. On 11/05/2025, Surveyors conducted a complaint investigation. On 11/05/2025, Surveyor reviewed provider's call logs and noted the call light times exceeding 30 minutes. RESIDENT 1 On 11/05/2025, Surveyor reviewed Resident 1's record and noted Resident 1 was admitted to the facility on 02/25/2025 with diagnoses of chronic diastolic heart failure, history of transient ischemic attack history of falls, anxiety, incontinence, cognitive communication deficit, and repeated falls. Resident 1 has an appointed Power of Attorney. Resident 1 was able to make Resident 1's needs known. Surveyor reviewed Resident 1's Individual Service Plan (ISP) with a service plan review date of 10/30/2025. ISP indicated Resident 1 was	Y3244		

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Y3244	Continued From page 2	Y3244		

assessed and was able to appropriately and functionally utilize a call light pendent to notify staff of needs. Resident 1 required 1 staff assist for toileting, bathing, dressing, transferring. Resident 1 required Safety Check: Every 2-3 hours due to history of falls.

Resident 1 call light activity report greater than 30 minutes from 10/06/2025 through 11/05/2025.
10/14/2025 6:49 PM 95 minutes
10/18/2025 7:10 PM 40 minutes
10/22/2025 6:14 PM 30 minutes

On 11/05/2025 at 12:38PM, Surveyor interviewed Resident 1. Resident 1 indicated Resident 1 waits over 20 minutes to an hour for his/her call light to be answered.

RESIDENT 2
On 11/05/2025, Surveyor reviewed Resident 2's record and noted Resident 2 was admitted to the facility on 09/27/2023 with diagnoses of dementia, schizoaffective disorder, bipolar disorder, social phobia, anxiety disorder, paranoid personality disorder, insomnia, urge incontinence, personal history of suicidal behavior. Resident 2 has an appointed guardian. Resident 2 was able to make Resident 2's needs known.

On 11/05/2025, Surveyor reviewed Resident 2's ISP with a service plan review date of 10/02/2025. ISP indicated Resident 2 was assessed and was able to appropriately and functionally utilize a call light pendent to notify staff of needs. Resident 2 required 1 staff assist for toileting, bathing, dressing, transferring and mobility. Resident 2 has Safety Check: Every 2-3 hours as Resident 2 is at risk for falls due to tremors and weakness.

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Y3244	Continued From page 3	Y3244		

Resident 2 call light activity report documented the following times greater than 30 minutes from 10/06/2025 through 11/05/2025:
10/06/2025 4:02 AM 31 minutes
10/08/2025 8:08 AM 37 minutes
10/08/2025 6:14 PM 45 minutes
10/08/2025 9:13 PM 30 minutes
10/09/2025 5:00 PM 55 minutes
10/09/2025 6:16 PM 239 minutes
10/11/2025 7:39 AM 39 minutes
10/11/2025 3:04 PM 54 minutes
10/16/2025 3:43 PM 33 minutes
10/31/2025 10:55AM 58 minutes

On 11/05/2025 at 12:47PM, Surveyor interviewed Resident 2. Resident 2 indicated Resident 2 often waits a long time for staff to assist with needs. Resident 2 indicated staff take longer on night shift to answer call lights. Resident 2 indicated Resident 2 waited an average of 15 minutes for staff to answer Resident 2's call light. Resident 2 stated Resident2 has waited over 40 minutes at night for staff to answer call light.

At approximately 10:00 AM, Surveyor observed 2 tablets sitting on an end table in the common area. At approximately 12:10 PM, House Manager (HM)-A and Surveyor were touring the facility when they observed the 2 tablets that remained in the same position on end table in the common area. Surveyor inquired what the tablets were for; HM-A stated they were so staff knew if resident call lights were on. Surveyor observed HM-A turn the tablets on and sign in to one of them. Surveyor asked whether all residents had call lights and HM-A inquired with Caregiver(C)-E which residents had call lights. C-E indicated Resident 2 was the only resident with a call light and another caregiver was currently assisting Resident 2. Surveyors did not observe staff

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Y3244	Continued From page 4	Y3244		

carrying the tablets. HM-A instructed C-E to get a tablet. HM-A indicated to Surveyor that staff are expected to be carrying and monitoring tablets.

On 11/05/2025 at 11:54AM, Surveyor interviewed Medication Technician (MT) D. MT-D indicated staff are alerted to resident call lights on 2 tablets in the facility that staff carry. MT-D indicated residents call lights are visible on monitor in the medication room.

On 11/05/2025 from approximately 8:40 AM to approximately 4:00 PM Surveyor observed MT-D leave the medication room where the call light monitor was located multiple times to pass medications, assist with cares, check on residents, and assist with lunch.

On 11/05/2025 at approximately 1:05 PM, Surveyor interviewed Assistant Director of Wellness (ADOW)-C who indicated ADOW C had not reviewed resident call light times since working as the Assistant Director of Wellness role for the last month. ADOW C indicated Resident 2 has complained to ADOW C regarding facility staff response time to answering Resident 2's call light. ADOW indicated Resident 2 had a diagnosis of anxiety and Resident 2's anxiety increases if Resident 2's call light is not answered promptly. ADOW C indicated interventions have been initiated in Resident 2's ISP regarding anxiety. ADOW C indicated ADOW C has not reviewed Resident 2's call light response times.

On 11/05/2025 at approximately 2:57 PM, Surveyor interviewed Director of Nursing (DON)-B. DON-B indicated it is the expectation of facility staff to answer resident call lights within 7 minutes.

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Y3244	Continued From page 5 On 11/06/2025 at approximately 2:30 PM, Surveyors interviewed and shared findings of care concerns regarding Resident 1 and Resident 2 with HM-A, DON-B. and ADOW-C. No additional information or comments were provided.	Y3244		