STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015956	A. BUILDING: _____ B. WING _____	C 03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT PARK FALLS (THE)	**354 LINDEN ST PARK FALLS, WI 54552**

(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 03/03/2025, Surveyor conducted an abbreviated licensure survey and complaint (x2) investigation at Waterford At Park Falls. Data collection continued through 03/04/2025. One of 2 complaints was substantiated. One deficiency was identified. Census: 34	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not notify the Department within 3 working days after Resident 1 fell and was hospitalized. Findings include: The provider is licensed to care for up to 36 residents in the following client groups irreversible dementia/Alzheimer's disease, physically disabled, advanced aged, terminally ill. On 11/27/2024 and 12/11/2024, the Department	N 165		

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

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N 165	Continued From page 1	N 165		

received complaints alleging concerns with resident care and hygiene and the provider did not report to the Department after a resident fell and was hospitalized.

On 03/03/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/11/2022. According to Resident Service Notes, dated 11/09/2024, "Resident had a fall (unwitnessed) at 2:55 PM [sic] family notified and was sent over to MC (Marshfield Clinic)." Resident Service Notes, dated 11-17-2024, noted that Resident 1 was still at the hospital. According to Resident Service Notes, dated 11-19-2024, Resident 1 was in the hospital and was "No longer living in the facility."

On 03/03/2025 at approximately 3:17 PM, Surveyor interviewed Wellness Director A. Surveyor asked Wellness Director A about Resident 1's fall on 11/09/2024. Wellness Director A confirmed that Resident 1 had an unwitnessed fall on 11/09/2024 and was hospitalized. Wellness Director A reported that Resident 1 stayed in the hospital and did not return to the facility. Wellness Director A stated that Wellness Director A did not report the fall and hospitalization to the Department.

On 03/04/2025, Surveyor checked Department records. Department records did not contain a self-report for Resident 1's fall on 11/09/2024.

On 03/04/2025 at approximately 3:15 PM, Surveyor interviewed Wellness Director A via telephone. Wellness Director A indicated that the provider received medical paperwork from Marshfield Clinic on 11/11/2024, regarding Resident 1's fall on 01/09/2024. Wellness Director A indicated that Resident 1 was treated

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N 165	Continued From page 2 for a right femoral neck fracture after falling on 01/09/2024.	N 165		