STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017057	A. BUILDING: _____ B. WING _____	R-C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE CBRF	5510 RENEE DR EAU CLAIRE, WI 54703

(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 01/29/2025, Surveyor conducted a complaint investigation and verification visit at Milestone Senior Living Renee. The complaint was substantiated. The deficiencies identified in Statement of Deficiency (SOD) TLWS13, dated 09/19/2024 were corrected. One deficiency was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 9	{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 ensure a written report was sent to the department within 3 working days, after Resident 1 fell and sustained an injury requiring hospitalization or emergency room treatment. Findings include: On 01/23/2025, the Department received a complaint regarding resident care.	N 165		

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

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N 165	Continued From page 1 On 01/29/2025 at approximately 11:30 AM, Surveyor interviewed Caregiver B and asked about Resident 1's care. Caregiver B stated Resident 1 required a Hoyer lift transfer for all transfers, used a wheelchair, and had bed and chair alarms in place. Caregiver B informed Surveyor that Resident 1 had a fall shortly after admission and was sent to the hospital and required surgery for a fracture. Caregiver B was unable to recall if alarms were in place when Resident 1 arrived, but informed Surveyor they were implemented as soon as s/he returned from the hospital. On 01/29/2025 at approximately 12:30 PM, Surveyor interviewed Health Care Coordinator (HCC) A and asked about Resident 1's pre-admission assessment and care needs. HCC A stated s/he completed the pre-admission assessment prior to Resident 1's admission. HCC A stated Resident 1 was assessed in a swing bed following surgery for a fractured hip sustained from a fall at home. On 01/29/2025, Surveyor requested and reviewed Resident 1's record, including incident reports, pre-admission assessments, and care plans. Resident 1 had an admission date of 12/16/2024. The "After Visit Summary" from Resident 1's 11/22/2024 through 12/16/2024 hospitalization listed the following diagnoses: Fracture Femur Intertrochanteric Closed Initial, anxiety, history of falling, neurocognitive disorder with lewy bodies (chronic), osteoporosis hip with pathological fracture, and visual hallucinations. Surveyor reviewed an incident report documenting Resident 1's injury from a fall that	N 165		

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N 165	Continued From page 2 occurred at 11:15 PM on 12/16/2024. The incident report read, "Staff discovered resident laying [sic] on floor under bathroom sink. Due to dementia, resident unable to voice situation that led to fall. Staff states resident is new to community today and was released from rehab to the facility due to broken right hip. Staff reports resident has been complaining of right hip pain prior to fall. No visible injuries, no indication of head strike. No skin tears or bruising noted. Vital signs obtained. Encouraged use of mechanical lift with 2-person assist to assist resident from floor. Encouraged staff to notify triage for continued pain or any signs or symptoms of injury from fall. Director/HCC notified via email. Primary care physician will be notified via fax. Staff called back at 2310 (11:10 PM) to report resident yelling out in pain with attempts of moving resident with mechanical lift. Indicated right hip pain. Called EMS (emergency medical services)and transport via ambulance to emergency department." The provider did not submit a written report to the department within 3 working days after Resident 1 fell and sustained an injury requiring surgery on 12/16/2024.	N 165		