STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016999	A. BUILDING: _____ B. WING _____	C 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK BELOIT	**1971 CRANSTON RD BELOIT, WI 53511**

(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 11/06/2025, Surveyor conducted a complaint investigation at Willowick Beloit, a CBRF in Beloit. One deficiency was identified. The complaint was substantiated. Census: 18	N 000		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide prompt and adequate treatment appropriate to Resident 1's need. Resident 1 fell and was left on the floor for 2 hours. Findings include: On 11/06/2025 at 10:00 a.m., Surveyor arrived at the facility to complete a complaint investigation. The complaint was alleging concerns regarding prompt and adequate treatment during a fall at the facility on 10/16/2025. At approximately 10:15 a.m., Surveyor requested resident records, including all incident reports. Resident 1 was admitted to the facility on	N 353		

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

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N 353	Continued From page 1 09/18/2025 with diagnoses including insomnia, rheumatoid arthritis, and a history of falling. Resident 1's Individual Service Plan (ISP) dated 09/22/20205 indicated moderate assist for mobility using a wheelchair. On 11/06/2025 at approximately 10:25 a.m., Surveyor interviewed Resident 1. Resident 1 stated that "a few weeks ago, I slipped out of bed and had to sit on the floor for several hours." Resident 1 stated that the staff tried to assist him/her up but needed another person to get him/her off the floor. Resident 1 stated the "staff called for assistance but that it took a long time to get someone here." Resident 1 said that the staff on duty did keep coming in to check in him/her. Resident 1 stated that s/he did not get hurt. On 11/06/2025 at approximately 12:40 p.m., Surveyor interviewed Sr Executive Director B. Sr Executive Director B provided the on-call calendar for 10/16/2025. The on-call schedule indicated that Manager C was on-call. Sr Executive Director stated that the back up on-call did not get any calls regarding a fall for Resident 1. Sr Executive Director B stated that if the facility has a call on the middle of the night the on-call person will triage the call to ensure that residents are getting prompt care. Sr Executive Director B stated that the facility did not keep on-call notes. On 11/06/2025 at approximately 12:45 p.m., Surveyor interviewed Manager C. Manager C stated that s/he was on-call on 10/16/2025. Manager C stated that s/he did receive a call from staff regarding a fall from Resident 1. Manager C stated that staff reported that "[Resident 1] slipped	N 353		

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N 353	Continued From page 2 out of bed while trying to get something to drink." Manager C told the staff member to try and get Resident 1 up and that s/he was coming in at 6:00 a.m. Manager C stated that s/he believed staff called the on-call phone around 4:30 a.m. Manager C stated that s/he "told [staff] to write up an incident report." On 11/06/2025 at approximately 1:00 p.m., Surveyor reviewed the charting note for Resident 1. The charting report indicated the following: -Resident 1 fell at 3:50 a.m. on 10/16/2025. Fall with no injury. Vitals were checked 2 times Check 1: Temp 97, Pulse 68, Respirations 18, Oxygen 96 and blood pressure 120/67 check 2: Temp 98, Pulse 71, Respirations 20, Oxygen 95 and blood pressure 120/67. On 11/06/2025 at 1:20 p.m., Surveyor interviewed LPN A, Sr Executive Director B and Licensee D. Licensee D acknowledged that Resident 1 should not have been left on the floor for that amount of time. Sr Executive Director B stated that the facility has an on-call system in place to prevent these types of incidents but acknowledged that the staff did not follow the protocol. Licensee D stated that staff would need to be re-trained on the policy.	N 353		