STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015449	A. BUILDING: _____ B. WING _____	C 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES AT MEADOWLANDS MEMORY CARE THE	747 E HIGHLAND DR OCONTO FALLS, WI 54154

(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 05/20/2025, Surveyors conducted a standard survey and 2 complaint investigations. One (1) of 2 complaints were substantiated. As a result of the survey, 1 deficiency was identified. Census: 20	N 000		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based upon record review and interview, the facility did not investigate an injury of unknown source for 1 of 1 (Resident 1) residents reviewed. On 08/05/2024, Resident 1 was noted to have a bruised pinky toe. Resident 1's resident record did not contain documentation of an investigation into the cut. Findings Include: On 08/15/2024, the department received a complaint regarding inappropriate transfers of residents leading to resident injuries. On 05/20/2025, Surveyor reviewed Resident 1's	N 161		

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

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N 161	Continued From page 1 resident record. Resident 1 was admitted to the facility on 09/12/2019 with diagnoses to include dementia, anxiety, depression, hypertension and hyperlipidemia. Resident 1's ISP (individualized service plan) dated 01/06/2025 indicated Resident 1 uses a hoyer lift for transfers and is a two staff assist. On 05/20/2025, Surveyor reviewed a facility observation note dated 08/05/2024 which stated, "...LATE ENTRY!!! ON 8-4-2024...THE PINKY TOE ON [HIS/HER] RIGHT FOOT IS ALL BRUISED. I DID CHECK UNDER THE FOOT AND THERE IS BRUISING THERE ALSO. COULD WE PLEASE KEEP AN EYE ON IT AND DOCUMENT ANY CHANGES. THANK YOU." Resident 1's resident record did not contain any further documentation regarding the wound or an investigation into the wound. On 05/20/2025 at 1:00 PM, Surveyor interviewed Executive Director A and Community Director B. Executive Director A indicated there were no incident reports for Resident 1 around the time of the bruise. Executive Director A stated staff are trained to complete an incident report when they notice something like this. Executive Director A acknowledge management staff should have also seen this note and investigated further. Executive Director A acknowledge the facility did not have an investigation into the bruising of the pinky toe and foot to rule out any caregiver misconduct.	N 161		