STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017242	A. BUILDING: _____ B. WING _____	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HYLAND PARK	881 LIBERTY BLVD SUN PRAIRIE, WI 53590

(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
U 000	INITIAL COMMENTS On 05/13/2024, Surveyor conducted a standard survey at Hyland Park, a RCAC in Sun Prairie. One deficiency was identified. Census: 38	U 000		
U 211	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be updated when the tenant's condition or service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 tenants reviewed had an updated risk agreement when his/her condition changed in a way that affected risk as indicated by the tenant's comprehensive assessment. Tenant 1 did not have a risk agreement regarding his/her diabetic ulcers. Findings include: On 05/13/2024 at approximately 11:00 a.m., Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the provider's complex on 04/27/2023 with diagnosis of diabetes. Tenant 1's comprehensive assessment, dated 02/28/2024, indicated Tenant 1 had wound care needs. On 05/13/2024 at approximately 12:00 p.m., Surveyor interviewed Administrator A. Administrator A confirmed Tenant 1 had diabetic	U 211		

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

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U 211	Continued From page 1 ulcers on his/her left heel and left great toe that required wound care and stated Tenant 1 was non-compliant with his/her diabetes. Administrator A stated Tenant 1 was currently hospitalized because s/he had a partial amputation due to the diabetic ulcers. Surveyor asked if Tenant 1 had a risk agreement related to his diabetic ulcers. Administrator A replied, "No." Administrator A stated the provider would update Tenant 1's risk agreements when s/he returned from rehabilitation.	U 211		