STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018180	A. BUILDING: _____ B. WING _____	C 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS	3024 SOUTH BARTELLS DRIVE 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 From 10/02/2024 to 10/03/2024, Surveyors conducted a complaint investigation at Willowick Moments, a CBRF in Beloit. One deficiency was identified. The complaint was unsubstantiated. Census: 22	N 000		
N 172	83.12(6) Documentation requirements for written report All written reports required under this section shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure residents ' health, safety and well-being. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 written reports reviewed by Surveyors included times and individuals involved. The provider did not have a detailed report of their investigation related to Resident 1's injury of an unknown source. Findings include: On 10/02/2024, Surveyors conducted a complaint investigation regarding a femur fracture Resident 1 sustained on 09/20/2024. On 10/02/2024 at approximately 7:00 a.m., Surveyors reviewed hospital records which documented Resident 1 was diagnosed with an acute displaced spiral fracture through the distal femoral metadiaphysis on 09/20/2024. The record indicated Resident 1 underwent surgical	N 172		

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

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N 172	Continued From page 1 repair. On 10/02/2024 at approximately 7:30 a.m., Surveyors reviewed hospice records which documented hospice was contacted on 09/20/2024 because Resident 1's knee looked dislocated and was very painful. The documentation stated caregivers were unable to move Resident 1 in his/her wheelchair and that Resident 1 could not lift or bend his/her left. The documentation stated caregivers denied Resident 1 sustaining a fall, the knee was slightly swollen and turned in and that Resident 1 was reporting pain all the way to his/her hip. Records indicated Resident 1 was sent to the emergency room at 9:37 a.m. On 10/02/2024 at approximately 10:00 a.m., Surveyors reviewed Resident 1's record provided by Licensee A. Resident 1 was admitted to the provider's facility on 10/16/2020 with diagnosis of Alzheimer's disease. Resident 1's individual service plan (ISP), dated 07/10/2024, indicated s/he required assistance with repositioning and a hoyer lift for transfers. Resident 1's record included progress notes and a self-report documenting Resident 1 reported pain to his/her left lower extremity and a deformity was noted on 09/20/2024. Records indicated s/he was transferred to the emergency room and later readmitted back to the facility following a surgical repair of a femur fracture. Resident 1's record did not document a cause of the fracture. On 10/02/2024 at approximately 10:30 a.m., Surveyor requested documentation of the provider's investigation related to Resident 1's femur fracture as the cause of the injury was unknown.	N 172		

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N 172	Continued From page 2 On 10/02/2024 at approximately 11:00 a.m., Surveyor reviewed documentation that summarized the provider's investigation. Documentation indicated caregivers that worked 09/19/2024 and 09/20/2024 were interviewed and stated the cause of the injury was undetermined but abuse was not suspected. The documentation did not include details, such as time of interviews and who was interviewed/involved. On 10/02/2024 at approximately 12:30 p.m., Surveyor reviewed concern with Licensee A and Administrator B that the investigation related to Resident 1's femur fracture did not include details, such as time and who was involved. Administrator B provided Surveyor with a handwritten paper listing the caregivers who would have been interviewed. Administrator B stated s/he did not document the times or responses of interviews but was able to rule out concern for abuse. Administrator B made note to include additional details for future investigations.	N 172		