STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018760	A. BUILDING: _____ B. WING _____	R-C 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - STRATFORD I	213721 LEGION ST STRATFORD, WI 54484

(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 06/29/2026, Surveyor conducted a standard licensure survey, verification visit, and a complaint investigation at Vitacare Living - Stratford I. Data was collected through 06/30/2026. The complaint was unsubstantiated. One deficiency was identified. Census: 13 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the individual service plan (ISP) was reviewed and revised for 1 of 2 residents reviewed (Resident 1)	N 389		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 389	Continued From page 1 when they had a change in their condition. Findings include: On 06/29/2026 at approximately 11:45 a.m., Surveyor observed Resident 1 seated in his/her wheelchair at the dining room table. Resident 1 had a bandage on his/her left hand. Surveyor asked Resident 1 what happened to his/her hand. Resident 1 told Surveyor s/he fell. On 06/29/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/16/2026. Resident 1's ISP, dated 03/01/2026, indicated Resident 1 was a high risk for falls. The desired outcome read, in part: "[Resident 1] will remain as safe as possible in the community with no falls or injury through next review or change in condition." Planned services included: "Perform a visual check of the resident, every 2 hours minimum, to ensure their safety and well-being. An incident report, dated 06/24/2026, indicated Resident 1 had an unwitnessed fall on 06/24/2026 at 3:55 p.m. The report read, in part: "Staff heard a noise coming from [his/her] room and then a grunt. Staff entered room and saw [him/her] on the floor between the recliner and wheelchair. [S/he] said that [his/her] knuckles hurt. Staff noted multiple skin tears on left hand. Told staff that [s/he] needed to use the bathroom ... Actions taken to prevent future falls: resident had alarm on bed and chair alarm. Staff to do more checks on residents [sic]. Hospice put resident on daily checks for decline ..." The incident report indicated the incident was reported	N 389		

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N 389	Continued From page 2 by Caregiver B and reviewed by Director A. Resident 1's ISP, updated 06/26/2026, indicated Resident 1 had a skin tear to his/her left hand from a fall. The updated ISP and planned services did not include Resident 1's alarms. On 06/29/2026 at approximately 3:30 p.m., Surveyor interviewed Director A and asked if Resident 1's alarm was sounding when s/he fell on 06/24/2026. Director A said Caregiver B was currently working and we could go ask Caregiver B since s/he was working when Resident 1 fell on 06/24/2026. Surveyor observed Director A ask Caregiver B if Resident 1's alarm sounded when Resident 1 fell on 06/24/2026. Caregiver B said Resident 1 did not have a chair alarm when s/he fell on 06/24/2026. Caregiver B said the chair alarm was added after Resident 1 fell. Surveyor observed Resident 1's room with Director A and Caregiver B. Resident 1 was seated in his/her recliner with an alarm and there was also an alarm on Resident 1's bed. On 06/29/2026 at approximately 4:00 p.m., Surveyor interviewed Director A and explained that Resident 1's ISP was not updated to include the alarms. Director A told Surveyor s/he would update that right away.	N 389		